Senior Citizens' Secretariat

Planning with Seniors for the 21st Century

Aging: Independent Living — A Discussion Paper

Nova Scotia
Senior Citizens' Secretariat

Aging: Independent Living

Preface

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The Mandate

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A Review of the Major Trends & Issues
Covered in the Literature

Preface

The Senior Citizens' Secretariat is a major cabinet committee of the provincial government, consisting of the ministers of Health and Fitness, Housing, Community Services, Advanced Education and Job Training, Municipal Affairs, and Education, and the minister responsible for the Sport and Recreation Commission. The chairman of the Secretariat is the minister of Mines and Energy, the Honourable Jack MacIsaac.

The Secretariat's mission follows:

1. To facilitate the planning and development of services and programs for seniors by the appropriate departments of the provincial government.
2. To work cooperatively with federal and municipal governments in the development of appropriate policies and programs in the field of aging and the aged.
3. To serve as a resource and information centre for all matters relating to aging and the aged.
4. To promote fact finding and research in the field of aging and the aged.
5. To encourage the development of voluntary activity on behalf of seniors and provide assistance and encouragement to the private sector in promoting services and programs for seniors.
6. To work cooperatively with universities, vocational schools and all organizations concerned with developing educational programs in gerontology thereby increasing the numbers and improving the quality of staff personnel, professionals and others providing services and programs for seniors.
7. To assist seniors throughout the province to understand and make use of programs and services available to them.
8. To manage a toll-free telephone help line available to all seniors within the province who require assistance in making use of programs and services for seniors.
9. To assist non-government agencies and organizations representing seniors by providing a single entry point for these agencies when making representations to government on behalf of seniors.

The Secretariat carries out its mission by

- working cooperatively with government departments to improve the quality of services and programs for seniors;
- advising seniors in finding the right government department or community service agency to provide needed services;
- arranging seminars, workshops and similar learning opportunities for seniors and community service agencies interested in helping seniors;

- publishing pamphlets and booklets, such as *Programs for Seniors*, to help seniors understand what programs are available;
- collecting and making available the latest and most up-to-date resource material in the field of aging and the aged;
- meeting with seniors' clubs and councils and community service agencies to create a better climate of understanding of issues, programs and trends affecting seniors;
- working with universities, vocational schools and community organizations in developing educational programs in gerontology; and
- encouraging research and fact finding related to aging and the aged.

The Mission Statement makes it clear that the Secretariat is primarily a planning and coordinating arm of the provincial government in the field of aging and the aged. Even a casual examination of population changes over the past two or three decades and current cost projections provides convincing evidence that the field of aging and the aged must be the focus of a major thrust in social policy during the next decade. Apart from these rather mundane considerations are other factors related to the well-being and the human dimensions of an aging population. What should a caring and compassionate society be expected to provide over the long term for those who have labored a lifetime and now must plan for retirement?

The staff of the Secretariat, all of whom were involved to some degree in preparing this study, are expected to ensure that the Secretariat's mission is adequately discharged. In doing so, the staff are answerable through the chairman to the ministers comprising the Secretariat. The report consists of findings and conclusions on which the three levels of government and the private sector may draw in deciding policy and making policy decisions.

The findings and observations we present in this report were arrived at after
a) studying the demographics of aging
b) analyzing programs and services being provided elsewhere;
c) taking into account the financial environment in Nova Scotia; and
d) listening to the views of seniors and professionals providing programs and services to seniors in Nova Scotia.

Our findings and conclusions are lengthy, and some likely to be costly if implemented in full. Obviously some have a higher priority for implementation, while others may not seem as important or critical to the well-being of seniors. Some of the programs and services proposed here can be provided best, or perhaps only, by government. To which levels of government should we look for implementation? Other programs and services can best be provided by the private sector. Can we agree on these? In some cases, limited government support is needed

by the private sector to play a meaningful role in providing services. Where is funding needed and how much is enough?

The most pressing issue of all is the role and responsibility of the individual and the family. What can we reasonably expect the individual to do in planning for his or her old age? The current state of pensions is a good example. Too few have real concern about pensions or setting aside savings in the early years. If planning is delayed to age 45 or 50, it is, in most cases too late. All of this raises a question about compulsory provision for pension savings, which will be addressed in this report. There are other serious issues related to individual responsibility, and we will try to deal with these in our findings and conclusions.

Families continue to bear a heavy responsibility for their aged parents, with women comprising most of the primary caregivers. In fact, some writers contend that the term 'informal caregivers' may be equated with daughters and daughters-in-law. Do we expect too much from families? Are future trends likely to erode existing patterns of family care and responsibility? These are questions we must keep before us in all our findings and conclusions.

Suffice it to say at this juncture that this report takes the position that government cannot and should not be expected to do it all. While government must provide leadership in facilitating those changes necessary to meet the challenges of an aging population, the development of appropriate responses must have the informed cooperation of all elements of society.

These issues and questions are not easy to resolve, and, in the last analysis, decisions about their resolution are likely to be public policy decisions from the appropriate levels of government.

Views about the priorities, the propriety and the practicability of many of the findings and conclusions in this report are bound to conflict. The best we can hope for is that we have succeeded first in conveying a sense of what the senior community in Nova Scotia is saying and thinking about services and programs and, second, have placed these in a perspective consistent with the demographics we foresee for the next decade and the experience elsewhere, especially in Canada and the United States.

We do expect our observations and findings to be widely discussed and some possibly challenged. Social policy directions of the magnitude contained in this report deserve the best thought and consideration the community can provide.

The provincial government has already made policy pronouncements on some issues and findings outlined here; however, the list is long and costly, and it would

indeed be unrealistic to expect that everything suggested could be done immediately. At best it is a blueprint for identifying priorities leading to the 21st century.

The Secretariat will hold a major seniors' conference in 1990 to follow up the last one held in Antigonish in 1984. We believe that issues related to pensions should be given priority at that time. The findings documented in this report will provide a rich field for study between now and then, and this report will be the main item for consideration at that conference.

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The Mandate

INTRODUCTION

> Not so long ago, people didn't age; they died. Today, the elderly account for more of the overall population than ever before, and their numbers are growing; especially in the Western World, a "greying of nations" is underway. The 1984 Task Force on the Allocation of Health Care Resources, sponsored by the Canadian Medical Society, noted that the percentage of population projected through the years 1981-2021 is significantly higher for the older age groups [65 and over] than for the younger [0-19]. Translated, the numbers are impressive. In 1950 in North America, there were approximately 12 million people 65 and over; that figure is likely to swell to 50 million by the year 2021, including 6 million Canadians—twice the current figure—and these senior citizens aren't going to conform to stereotypical notions of grey-haired inadequacy. Not only has life expectancy increased; so, too, have expectations about quality of life.*

This excerpt from the "Greying of the Nations" is a clear, succinct statement of the increasing importance of seniors in today's society. Between 1950 and 2021 the seniors population of Nova Scotia is projected to triple from approximately 55,000 (8.5% of the population) to 165,000 (17.1% of the population). The formation of the Senior Citizens' Secretariat in 1980 was the Government of Nova Scotia's response to this population change.

THEMES

The following themes dominate much of the writing and research in the field of aging and the aged in Canada.

Theme 1	Canada's population is aging rapidly and living longer, which will have a significant social and economic impact in the 21st century.
Theme 2	How society can afford to meet the needs of this aging population and whether fundamental changes are required now to avert a possible crisis are increasing concerns.
Theme 3	As life span lengthens, the quality of life may not keep pace. Thus, we lengthen life and, at the same time, lose our freedom and independence.

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* Excerpt from "The Greying of Nations", *Arthritis News*, Vol. 6 - No. 2, June, 1988

Theme 4 Needs as perceived by seniors are increasing as our population ages.

Themes one and two reflect the main concerns of gerontologists, policy analysts, economists and practitioners, while the third and the fourth themes reflect the primary concerns of older persons in Nova Scotia.

A major part of this study will relate to the Theme one—the demographic changes we may safely forecast in Nova Scotia. Without that solid base, policy formulation, which is the objective of this study, becomes nothing more than unfounded speculation.

The second theme, cost, is much more difficult. The word 'crisis' is being widely used, but is there really a crisis? The ever expanding costs of health care are often blamed on our aging population. Do the statistics bear this out? Undoubtedly, there are abuses, such as of the pharmacare program, but are they substantial in the overall cost projections for the next decade? Are seniors the major abusers or contributors to increasing costs? What role does the medical profession play? How much can we afford to spend on our aged and aging population? Is the answer not largely a matter of priorities and values, unless, of course, the expenditures are very much out of control?

Theme three, life span, is the most difficult of all four and, at the moment, there is little possibility that this study or any other will throw much light on it. First we must understand the issue completely. We all want to prolong life as long as possible, but inevitably it brings with it an increase in chronic illness and other problems associated with diminished capacity and senility. A decrease in the quality of life is an unhappy consequence. How shall we learn to balance these two conflicting realities of the aging process?

Theme four, needs, was addressed in a major way in consultations between the Secretariat and seniors in the summer of 1988. It is not difficult to identify a lengthy list of needs. Indeed, the human condition is such that our perceived needs and wants far exceed our capacity to provide. So, among many competing demands, we have to agree on priorities. What is urgent? What may be deferred? That we have three levels of government—the voluntary sector, the family and the individual—all involved in providing services, complicates the issue. We may perceive a need as a priority, but who should be called on to fill it?

THE STUDY

In response to these issues and the need to address their social and economic implications, the Province, in December of 1987, instructed the Senior Citizens' Secretariat "to carry out an in-depth Study of the impact of the projected significant

increase of seniors on programs and services provided by government and the voluntary sector."

A Task Force of deputy ministers from Health and Fitness, Housing, Community Services, Advanced Education and Job Training, Tourism and Culture, Development, Education, Municipal Affairs, the Sport and Recreation Commission and the Cabinet Secretariat, chaired by F.R. MacKinnon of the Secretariat, working through a committee of senior officials from these departments, chaired by John A. MacKenzie of the Secretariat, was given responsibility for the overall direction and conduct of the study, which proceeded in phases to address the following:

- the demography of our senior (65 and over) and near-senior (55 years plus) population, its use of public and/or private social programs (health, housing, home care, education, recreation, transportation and income maintenance) and the costs of these uses;
- the projected demography of our senior/near-senior population over the next decade and what it likely will mean for the use and cost of social programs, both public and private;
- what our seniors/near-seniors (those 55 years and over who will be at least 65 before the end of the decade) perceive to be the necessary attributes/requirements of well-being; and
- the implications of these findings for governments at all levels as they undertake, with the cooperation and assistance of all elements of society, to frame social policies and finance and deliver social programs to a significantly increased senior population in a manner that minimizes administrative complexities and maximizes self-help efforts.

First, early in January a committee of senior officials met under the chairmanship of John A. MacKenzie, Special Consultant, Senior Citizens' Secretariat, to address Phase I of the study on the demography of aging, program/service utilization, and the major issues and concerns of the seniors' community as reflected in the literature and in practice. The committee included Dean Hirtle, Health and Fitness, Gary Young, Tourism and Culture, Barbara James-Gordon, Municipal Affairs, Tali Robuck, Community Services, Paul Dober, Industry, Trade and Commerce, Ernie Clark, Housing, Lorne Ferguson, Cabinet Secretariat, Nelson Ellsworth, Sport and Recreation, and Turney Manzor, Education. The committee consulted extensively with all levels of government and the private sector to document the nature, extent and cost of program/service utilization by seniors. It also commissioned an extensive literature review to identify the major trends in the field of aging and the major issues/concerns of seniors and near-seniors nationally and internationally.

The study was conducted in three phases. Phase I, Chapters 2-4, addresses the major trends, and issues and concerns of seniors documented in the literature generally, the changing demographic picture, and program/service utilization and costs.

Phase II is devoted to the advice of seniors and near-seniors, their organizations and the agencies serving them with those programs and services essential to their well-being. At public meetings in twenty locations throughout the province, Secretariat staff heard a great variety of briefs and proposals from seniors and their organizations (Chapter 5). Chapter 6 examines the financial environment in which both current and new programs and services for seniors will have to be developed.

Phase III (Chapter 7) summarizes the major findings of Phases I and II and suggests ways government could bring together the best efforts/resources of society to meet the social program needs of today's and tomorrow's senior population.

Although integral to this study, Chapters 2-6 are complete in themselves and will be released by the Secretariat as separate publications over the next few months. The final report will be released in the early fall and will contain these chapters and Chapter 7—"Where Do We Go From Here?"

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Aging

A Review of the Major Issues and Trends
Covered in the Literature

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Summary

This review covers the most pertinent issues in the field of gerontology today: demographics, health, formal support networks, informal support networks, housing, transportation, technology, education, leisure and the economic status of the elderly. It also focuses on the key trends in gerontological research and their implications for social policy. These areas of concern are closely interrelated and to address the problems of aging requires a sound knowledge of this interrelationship. Meeting the needs of present and future older populations requires a comprehensive understanding of the main issues and concerns that influence the quality of life of older persons.

Three main themes underlie research in gerontology, two of which reflect the main concerns of gerontologists, policy analysts and practitioners. First, Canada has a rapidly growing aging population, and this will have a significant impact on society in the 21st century. Second, can society 'afford' to answer the needs of this growing population, or, are fundamental changes needed to avert an 'aging crisis'? Third, older persons face a constant struggle to maintain independence and control over their lives in the face of their growing need for physical security as they age.

The section entitled **Demographics** interprets the impact an aging population will have on society during the next fifty years.

The **Health** section discusses recent shifts from the medical/institutional model to the community-based/home care model and the effect these shifts (brought about largely by an increased awareness of and concern with soaring health care costs for seniors) will have on older persons and the medical community.

Formal Support Networks deals with the challenge to community services, agencies and departments to develop reliable needs assessment techniques, an effective delivery of services, and linkages to older persons in the community and their families that the community can afford to maintain.

Informal Support Networks covers the myths and realities concerning older persons and their families. It dispels the myth that older persons receive less help and support from their families than they did in 'the good old days' and describes the problems of care giving and ways the community can support those helping older persons.

Housing emphasizes the importance of understanding the wide variety of housing situations in which older persons live and the need for a wide variety of solutions to the housing problem(s) of seniors. The social, physical and financial dimensions of

these housing requirements are addressed, along with research reflecting the interests and evaluations of gerontologists, other 'housing experts', and the perspectives and opinions of the elderly themselves. Age-dense housing—a dominant topic in the literature on housing for the elderly—is discussed. Finally, housing alternatives and other solutions to the housing problems of the elderly are reviewed.

Transportation and **Technology** are two areas dealt with here that have received little attention by researchers until recently, even though transportation is identified as one of the most important factors influencing the lifestyles of the elderly and technology has the potential to significantly change the lives of older persons.

The **Education** and **Leisure** sections are closely interrelated. Most research on education of older persons criticizes the overall efforts to develop life-long learning within traditional educational frameworks. The literature suggests ways older and younger persons differ in their learning interests and abilities and ways in which they are similar. It also shows how the educational system could be changed or modified to promote environments where life-long learning can be realized.

Leisure patterns of older persons as a research topic has gained popularity in the last decade. Most literature either describes the many ways older persons made use or could make use of their 'free time' or analyzes why more are not involved in education, recreation, senior centres, social action groups or cultural events.

The section **Work, Retirement and the Economic Status of the Elderly** is an overview of the research on the 'retirement years': the impact of retirement on financial, social and physical well-being; discussions of present retirement patterns; and predictions concerning future retirement patterns. The debate over mandatory versus voluntary retirement is also covered. Lately, the emphasis in research has been on assessing the present economic status of older persons and forecasting their future status, along with their implications for society. The literature introduces many interesting and controversial points about the ability to reliably forecast the economic status of older persons in the next century.

Demographics

INTRODUCTION

As Havens puts it, demographic data reveal "certainties and uncertainties." [1] That is, we know certain changes have taken place from what the present data tell us and, to some extent, using the data we can project what will happen. She and others caution, however, that translating present trends into future predictions is not that easy.[1-3]

DEMOGRAPHIC PROFILE OF OLDER PERSONS

The literature is filled with statistical information on the older population. The main points follow:

1. The population of those over 65 in Canada has increased tenfold in the first eight decades of this century. Presently about 10% of the total population is over 65. Estimates of the percentage of those over 65 in the future varies, but it is expected 14% of the population in 2001 will be over 65. By 2021, every fifth Canadian will be over 65.
2. The most significant increase in population will be the 'old-old'—i.e., those over 85. In 1981, 19% of the elderly were over 80. By 2001, it is predicted 24% of the total population will be over 80.[4]
3. Most older persons are women, almost all non-married (widows). In 1871, there were more older men than older women in Canada (54.6% versus 45.4%). In 1941, the numbers were nearly equal. By 1961, women had begun to outlive men. In 1987, older women made up 56.3% of the population, a trend predicted to continue. Also, 20% of women over 70 have no living children,[5,6] which explains the need to establish informal support networks among these women and to predict similar conditions for 'baby boom' females.[6,7]

   The statistical profile of the elderly appears to say, "The single most important demographic fact is that our aging society is a female society."[8] Unfortunately, only recently has sex been a differentiating variable in gerontological research.
4. Life expectancy of older persons has increased significantly, particularly among older women, which accounts for there being more older women than men. For those born in 1941, life expectancy was determined to be 63 for men and 66 for women. In 1987, it had risen to 70.2 for men and 78.6 for women.[9] In summary, Canada is aging, and the older population itself is aging; moreover most older persons are, and increasingly will be, non-married women.
5. Most older persons live 'independently' in their own homes. But several studies decry that Canada has one of the highest levels of institutionalization in the world. Therefore, the term 'institution' obviously needs to be properly defined. According to Statistics Canada, about 10% of the population live in 'collectives', which includes institutions, communal housing, motels, hotels,

and subsidized housing. Therefore, the number living in institutions (generally defined as housing providing on-site care) would be less than 5%.

6. Most older person live in urban centers (78%), with only one in twenty living in farm areas.[10] Of the elderly, 73% live in Ontario, Quebec and British Columbia, but Manitoba, Saskatchewan and Prince Edward Island have the highest proportion of older persons (12%).
7. Older persons generally report themselves to be in good to excellent health: 84% of the 65-69 age cohort report no disabilities; for those over 75, 67% reported no disabilities.[11] On the other hand, most studies indicate 80% or more of those over 65 report at least one chronic disease and, on average, take four medications. Harris[12] and Clarke[13] 1987 noted one of the greatest paradoxes in gerontological research—that older persons generally describe themselves as very healthy (38%) to healthy (40%).
   Throughout gerontological research a recurrent paradox appears between what the elderly *say* (in surveys) and what the 'objective data' *tell* us. For example, a York University survey on life satisfaction (1981) found that those over 65 are more satisfied with their lives than any income group under 65. "Clearly, the picture of the elderly as unhappy because they are poor, lonely and in failing health is simply not true."[14] Again, the section on housing reveals definite contradictions between what objective measurements say, and what the seniors themselves say, about the housing conditions of older persons.
8. Finally, all this demographic information indicates that those most likely to need health care services and long-term care facilities are older non-married women who live alone, have significant health problems, are tenants, have low incomes, and have few children or relatives close by for support.[6,15-24]

PREDICTIONS BASED ON DEMOGRAPHIC DATA

As noted earlier, the literature also emphasizes the impact that the 'baby boom' generation is having and will have on society. In the year 2031, when the full impact of this cohort is felt, 22-25% of the population is predicted to be over 65. This seniors boom, it is suggested, will create problems for health care, housing, social services, the workplace, retirement planning, pensions and the socio-economic conditions of society in general. The greatest concern, however, is with the anticipated growth of the 'old-old'. According to Rosenwaike,

> Persons over 85 can be seen as a highly dependent group as far as need for outside assistance is concerned. Self help and support of family and other informal care giving cannot be expected to meet the tremendous needs of this age group as both their numbers and their proportions of the total population continue to expand rapidly into the 21st Century.[25]

Again, Rosenwaike, focusing on the demands on resources and stresses on interpersonal relationships that may be created by the 'crisis in aging', predicted

"the demand on the 'nation's resources' by this group will create 'serious issues of equity between generations'."

Havens, among others, argued that it is very difficult to predict demographic changes; however, one of the few certainties is that everyone who will be 65 by the year 2046 is alive today.[1] Therefore, one can confidently project to the year 2046 for the population 65 and over. Projections for the entire population cannot be made with as much certainty, however. Assumptions concerning fertility, mortality and migration are much more 'troublesome'. This will be discussed later in the section on the economics of aging.

Most discussions on demography and aging focus on interpreting the impact of the baby boom cohort, and each of the following sections gives examples of this. Riley, Johnson and Foner, in their classic study **Aging and Society**, popularized the concept 'age cohort'. Simply put, most research compares four cohorts: persons presently 65-85, the pre-baby boom cohort, the baby boom cohort, and the cohort immediately following the baby boom. Riley et al. argued that the concept of cohort allows the gerontologist to understand why certain things have happened for older persons, why they are often perpetuated and what will happen in future.[26]

There is a greater proportion of American than Canadian data in thie review because there haven't been enough Canadian studeis on aging in which to base a full literature review. However, because the social security systems in the two countries parallel each other, the data accurately reflect the aging population in Canada.

Health

INTRODUCTION

The impact of the increasing population of older persons on the health care system, mainly in terms of rising health care costs, is the focus of much health research. To quote the headline in the Halifax newspaper the *Daily News* of May 19, 1988, "Cost of Health Care for Seniors Soaring." Advances in medical science and technology have contributed significantly to this increasing older population and the greater life expectancy we now enjoy by eradicating many diseases and creating antibiotics and other 'curative' drugs. Pneumonia, diabetes, poliomyelitis, heart attacks and childbirth are no longer associated with the death rates of yesterday. Yet there is a growing population of over 75's who may require chronic care and of over 85's who are predicated to need increasing amounts of intensive care (from 144,000 needing intensive care in 1971 to 351,000 in 2001).[27]

How much do the elderly cost the health care system? An Ontario study noted, "seniors represent about 20% of our total OHIP payments, 40% of general hospital care, 79% of days of in-patient chronic care, and 93% of extended care in nursing homes."[28] Research also indicates, however, that 80% of the elderly live independently,[29] and 46% of those over 65 had two or fewer visits to a medical doctor during a 12-month period just before a national survey, compared to 66% of those under 65.[30] All indications are that a combination of factors accounts for these 'high cost' data—factors that will be discussed later.

Most older persons report themselves to be in average-to-good health, but many studies also describe the health problems of the elderly. In an American study, Gelwicks and Newcomber stated that the aged now suffer mostly from various chronic illnesses, the most prevalent being heart disease, cancer, stroke, arthritis and diabetes.[31] Heart conditions and arthritis cause the greatest incidence of disability among the aged. Practically all older people suffer from at least one chronic condition, 40% are limited in their daily activities, and an additional 12% are virtually confined to their homes or have difficulty getting around by themselves.

Despite contradictions between what statistics say and what most older persons report, health is definitely the most important factor contributing to quality of life as one ages. All surveys on aging cite good health as the number one need. In 1981, 80% of elderly persons in the United States described their health as good or excellent compared to others of their age group. Only 8% said their health was poor.[32] About 40% reported limitations in activities due to chronic health difficulties. Not until after age 85 do over half of older persons report being unable to carry on with daily activities of living due to chronic illness. Even then, 50% say they continue to cope. Yet persons over 65 do report twice as many days of

restricted activity due to illness as do those under 65. Studies of chronic illness note these days of restricted activity increase dramatically with age, with arthritis (44%), hypertension (39%), heart conditions (27%), visual impairment (12%), and diabetes (8%) cited as the main reasons.[33]

The public impression that aging is equated with illness is one of the most unfortunate consequences of the recent focus on the high cost of health care for the elderly. Once one hits 65 life is considered all downhill, and, even more tragically, older persons are viewed as a 'burden' society must bear. Aging, argue many gerontologists, is in fact a *natural* process that does not and should not lead inevitably to hospitalization and dependency.[2,26,28,29,34]

SHIFTS/TRENDS IN HEALTH CARE

Several shifts in research on health and aging are described or implied in the literature, the first being historical. "In the past two decades and following dramatic socio-demographic changes in Canadian society, the health sector has been changing from a 'cottage' industry to a complex, technologically sophisticated, bureaucratic industry, with a highly rationalized division of labour."[35] Almost all studies criticize the quality of the health care for older persons that has resulted from this change.

Paralleling this change, McPherson advocated the shift from a 'medical model', emphasizing the incidence, cause, treatment and medical response to illness or disease, to a 'functional model', emphasizing how people cope with age-related chronic disabilities, how acute and chronic illnesses influence social behavior and how the older person functions socially and psychologically when faced with increasing dependency because of physical or metal illness.[2] The former model still dominates the research perspective, but recently the literature reveals significant changes in emphasis.

Lawton[36] emphasized matching the needs of the individual to the conditions of the environment. Although looking mainly at physical needs and physical conditions, he became increasingly concerned with how older persons perceive the impact of their total environment, social and physical, on their well-being. He was interested in a flexible environment that would enable the person to remain independent as his/her physical condition changed. "The trick," Lawton stated, "is to prolong independence rather than create dependence, to match the person's needs and abilities to the appropriate environment. Standardized environments will not yield optimum results."[37]

Emphasizing what McPherson called the functional model has meant a recent interest by gerontologists in how the elderly cope and their perceptions of their

health care needs. This research has helped debunk the image of the elderly as 'frail and helpless', which some suggest is implied by the medical model.

Other shifts are apparent in reviewing recent literature. One is a shift away from analyzing costs and design features of health care institutions for the elderly to one emphasizing lessening costs, finding alternatives to institutionalization, and increasing the involvement of the community, the family and seniors in their health care. *Care For The Elderly,* a discussion paper prepared by the Progressive Conservative Caucus of Ontario, is an example.[28] The study states, "We believe that the shift [in expenditures on health care] should be away from the institutional model to one that promotes locally run community-based support services, income support programs and supportive housing for our seniors."

Despite the 'motherhood' quality of such statements, several criticisms have been launched at this approach. Lammers noted a 'natural' ideological bias against institutionalization in North American society, that there exists a natural tendency to move from institutional to community-based care models, and that any rational discussion of alternatives to institutionalizing the elderly should consider the community's and the family's ability to assume long-term or chronic care of the elderly.[38] However, policy makers must consider constraints on family support systems, both from within the family due to changing family structure and the changing role of women, and from public policies which often inhibit more than they support. Along with Estes,[39] Lammers[38] argued that family and community support programs and policies aimed at promoting independence could actually create dependence. Estes proposed only income maintenance and other universal policies will promote and/or maintain true independence. Lammers has called for policies that bridge the gap between complete institutionalization and family/community-based programs, such as New York City's 'Nursing Home Without Walls'; the facility is available without residency requirements.

Despite disagreement on the viability or long-term effects of community-based health care, there is a general consensus that many older persons are 'inappropriately' assigned to institutions.[27,33,38] But what proportion of older persons 'need' institutional care and what type of care should be provided, and by whom?

There is so much information on long-term care that a review of it alone could be the focus of a whole research project. This no doubt results from a combination of factors—the demographic trends already discussed, the ideological debate over the role of 'institutionalization' in our society, the growing cost of health care, the predictions that the 'informal support network' that presently provides 80% of care to non-institutionalized older persons may be seriously reduced in future (see **Family/Informal Support Networks**) and the statistics on health care use. The

latter describe older persons as the primary users of the health care system. Comprising only 10% of the population, they use 38.6% of all patient days in general and applied hospitals. Assuming these same utilization patterns, this percentage of total patient days could grow to 49% by 2001.[40] The prime force behind this prediction is the increase in the number of persons over 75, most of whom are widows. A recent study suggested that from 1983 to 2001 there would be a 68% increase in persons 75 to 84 and a 138% increase in persons over 85.[28] This increase in what Neugarten[41] calls the 'middle-old' and the 'old-old' we expect will have a profound effect on the health care system.[41] Although generally held to be a fact that this will place a greater burden on the health care system, the so-called 'health care crisis' may turn out to be exaggerated. Whatever happens, Gloria Gutman's book forecasting the future of Canada's elderly, *Canada's Changing Age Structure*, contains several articles that caution against translating demographic data into defining future social conditions.[1]

DEMOGRAPHIC TRENDS AND THE HEALTH CARE BURDEN

Several studies reveal the limitations of demographics data in accurately predicting what impact the aging population will have on Canadian society. Gutman,[1] Johnston and Packer,[42] Foner[43] and Rowland[20] among others, argued one cannot predict the impact of advances in technology, medicine, changes in fertility, family structure, community, or ideological changes that could influence the entire picture of future institutionalization or health care delivery.

Although these predictions may have the positive effect, already seen in Canada, of creating several shifts in the health care system, they can also create the impression that older persons are somehow at fault. This habit of 'blaming the victim' often arises in social and public policy studies. Rowland admits that demographic projections may be a valuable tool and that "dependency ratios are a valuable starting point but they can create an unwarranted impression that the aged are a burden on society and that the funding of a social welfare program inevitably entails a transfer of payments from younger to older generations."[20] These critics all argue for clearly defining how various demographic measures, such as dependency ratios, are used, and including possible mitigating influences in the analysis of data used in forecasting. This will be discussed in the section on the economics of aging and retirement.

A CRITIQUE OF THE PRESENT MEDICAL SYSTEM— OPTIONS AND SOLUTIONS

The shifts in emphasis and direction in the health care system have already produced a great deal of information on 'alternative' health care services and/or programs, and ways of improving the delivery of health care services to the elderly.

Four popular proposals present in the literature and worthy of further consideration include (a) **changing doctors' attitudes towards the treatment of older persons;** (b) **developing a continuum of care that would negate present choice between too much and not enough care;** (c) **replacing surplus acute care beds in the hospitals with chronic/extended care beds; and** (d) **developing comprehensive home care programs.**

In a speech to the Canadian Council on Aging (1983), Dr. Paul David criticized the medical community for spending too much money needlessly on curative or palliative medicine and not enough on preventive medicine. Medicine as a science has replaced medicine as an art, he suggested, and has become so specialized that the active role of the patient, especially the older person, has been neglected. He noted that medicine had promoted the false impression that medical miracles can happen instantaneously and that "there is now a risk that health policies will create the illusion that there is an answer for everything. Everything is accessible and cost effective, and all one needs to be happy is to let oneself be treated."[44]

Drs. Paul and Torrance fear that the situation in the medical community is out of hand, with increasing costs, specialization, bureaucratization, and unionization of workers, and fewer and fewer doctors interested in improving the quality of health care of older persons.[35] Torrance argued that rising costs are not due to more health care but to the structure of the medical community itself in that it relates all problems to illness and could even be accused of being at the root of the increasing incidence of illness. Hess et al., in surveying physicians about their knowledge of geriatrics, found they knew little about the subject.[45]This lack of knowledge, he argued, could interfere with the quality of health care of the elderly.

Dr. Paul argued that major ethical issues in medicine, such as abortion and passive/active euthanasia, will be negatively influenced by present attitudes within the medical community and society as a whole. He urged that we 'de-medicine' and 'de-institutionalize' to really influence the quality of life as one ages. Less reliance on drugs, more emphasis on preventive medicine, regular scheduled medical visits for older persons and the promotion of networks for older persons, such as 'foster families', are badly needed. Emotional needs are often the most critical, yet the most difficult to address according to Dr. Paul, who views fulfilling emotional needs of aging persons as the most important kind of volunteerism. Though more impassioned than most, Dr. Paul reflects the growing concern among those interested in improving the health care system of the elderly and the need to change the medical community's control over health issues.

Related to the shift from the medical model to the community-based model is the new emphasis on having a continuum of care of the elderly.

> Continuum of care refers to continuity in meeting the needs of individuals from the initial recognition of needs of living at home through temporary absences from home (hospitalization) to placement in a facility if required. Also inherent in a continuum of care is the mobility of the elderly within the 'care-spectrum'.[29]

CONTINUUM OF CARE—COMBINING HOUSING AND HEALTH CARE SUPPORTS

A continuum of care is not a new concept. It is described in literature on health and housing in other countries and has been suggested for two decades as an alternative to the either/or situation (either a hospital/nursing home or remaining in one's home relying on existing family and community help) that existed in North America until the late seventies. Of the several articles/books describing this concept, the most often cited is Gordon Streib's "The Continuum of Living Arrangements": "To any student of gerontology it is obvious that a continuum of living arrangements is necessary to accommodate the wide variety of needs of a heterogeneous older population."[46] He listed a number of reasons why a variety of housing arrangements with support services will be needed in future, including the increasing numbers of older widows and the decreasing number of available informal primary caregivers, most of whom are working women. He also commented briefly on a number of care alternatives:

1. Sharing housing with children, the traditional method, which he claimed is no longer desirable.
2. Home care which, at the time his article was published, was just being introduced.
3. Specialized housing for seniors with some services. There tends to be general prejudice against 'age-segregated' housing in our society, which Streib feels is unfounded since many students describe the positive impact of such housing on the lives of older persons.
4. Retirement hotels, popular in such places as wealthy communities in Florida, where services are provided and facilities are home-like.
5. 'Slum hotels', an alternative used by those who can afford little else. SRO's provide some services and, despite an apparently undesirable living arrangement, afford residents desired independence and privacy.
6. Boarding homes (often called rest homes here and in the U.S. Midwest), which require sponsors for the residents. The size of the home varies, most states/provinces require licensing, and most are run as private/profit facilities. But Streib noted that "if the present trend of 'stringent regulations' continues, they may not be able to continue to operate."[46]
7. Communes or residences made up of unrelated adults, such as the cooperative housing set up by the Grey Panthers in Boston, which has had some success. Here, again, the problems are many: matching is difficult, older persons cannot perform enough necessary tasks to support the household arrangements, and

seniors are unwilling to permanently live in someone else's home and/or in a different neighborhood.

8. The Community/Congregate Housing Concept seen in the Philadelphia Geriatric Center, one of the most successful and the most often cited alternatives.[47] Several detached homes surround the Philadelphia Geriatric Care Facility, offering residents a continuum of living arrangements ranging from independent apartments with limited support services to semi-dependent bed-sitting rooms where meals and some health maintenance services are available, to total care bed facilities. Streib,[48] Lawton,[49] Golant[50] and Fishbein[51] all argued the tremendous need for this type of housing arrangement.
9. Group Homes, which enable older persons with physical or mental disabilities to live together in a home setting. One variation is Abbeyfield Housing Federation, a group of voluntary local societies with charitable status that set up and manage family-sized homes for seven to nine older persons, each with its own common sitting and dining rooms. These group homes have other support services, including a housekeeper, and charges to residents depend on their ability to pay.
10. Share-a-Home projects, where either older persons jointly own a home and share expenses, or the home is owned by one older person and shared by another person, either older or of the same age. Although few formal support services are available, the persons sharing the housing provide each other with social, physical and financial support.

One concept often mentioned in research is 'sheltered housing'. Common in Great Britain, it differs from most of our homes for the aged in that the services offered are optional. The person lives in an apartment-like dwelling unit within a housing complex, which offers meals, housekeeping, maintenance and nursing services; services are used as needed only. The concept seems well suited to our subsidized seniors' housing complexes. The difference between remaining in one's home and having the services provided on-site and having to move, if only down the hall to the serviced units, is very significant to most older persons. Jane McNiven, in her graduate research, found that older persons living in subsidized housing with limited services dreaded having to move to 'institutions' when they need some health-related on-site services.[52]

Several recent studies described the critical need for extended/chronic care facilities or services, pointing out that extended or chronic care beds in nursing homes cost one-quarter as much as such beds in hospitals—$55 compared to $200 per day in 1982.[28,30,34,40,53] All the data indicates that as the 'old-old' grow in population, there will be an increased need for this type of health care, notwithstanding some reluctance by gerontologists to support nursing and/or extended care facilities. Today, 20% of persons over 85 reside in nursing homes

compared to 1% of those 65 to 74,[25] and 26% of all older women reside in long-term care facilities.

INDEPENDENT LIVING OR INSTITUTIONALIZATION

Even a comprehensive home care program and the best efforts of family caregivers are unlikely to make any noticeable difference in the future demand for nursing and chronic care beds. In fact, several gerontologists suggest that placing the responsibility for caring for those who require full-time care on the family or the community alone is irrational. This subject is discussed in detail under **Informal Support Networks.** Suffice it to say here that gerontologists and others must consider the perceptions of older persons and their families about the type of help and the housing they prefer. Thus far they have fostered a public perception that the main difference between a 'home' and an 'institution' is the degree of heavy care involved.

As Beland pointed out, "Independent living and autonomy are deeply embedded preoccupations among gerontologists and practitioners alike.[15] Often they have been synonymous with living at home, yet the elderly persons wishing to leave their homes seem to be quite rational. Based on our data, senior housing represents for the elderly a place where protection is available while enabling them to preserve their autonomy." Gerontologists, she argued, must resist assumptions concerning independent living, avoid oversimplifying housing contexts and realize there are many variations in between.

Streib offers a new way of looking at institutions.[46] The underlying idea is that institutions can be made less institutional if one understands the components that make living arrangements institutional. Factors such as the amount of personal living space and privacy, the number of regulations imposed on the residents, the presence of more than 15 persons at a meal, etc..., all can make the difference between the environment feeling more 'home-like' or more like an institution.

Other issues connected to research on long-term care include the assessment process and financing, both of which will be dealt with later under the sections on the economics of aging and community services.

HOME CARE

The single most popular concept in the 80's was home care; however, there are many assumptions about what home care is and what it can do for the elderly, and little understanding of its complexity. As Nova Scotia moves toward a coordinated home care system, many articles are appearing on the problems involved with implementing an efficient and effective one. Home care is the main component in the primary shift from the medical/institutional model to the community-based health care model, and the experiences of other provinces with home care could be

a valuable learning ground that would promote the success of the Nova Scotia system, as pointed out at a Hearing of the Nova Scotia Royal Commission of Health on May 24, 1988. For example, simply translating the hospital acute care model into the home care model was creating serious defects in the viability of home care services in some provinces; therefore, we should make sure our system incorporates a true 'community'-based model, which includes not only a health component, but also supportive services such as homemakers, meals-on-wheels and volunteers.

Delivery of an effective home care system is considered key to the new health care system. A home care system presumably will allow older persons to have easy access to resources and to play an integral part in the decision-making about their health care. Those who choose to live in care institutions should be part of an on-going interchange between the institution and the community in which it resides. But the main focus will be on maintaining persons in their homes as long as possible, as the Canadian study on the 'new emphasis' in health care points out. "The shift to increase the availability and accessibility of community support services to assist older persons to remain in the community is critical."[29] Since the major thrust of home care programs lies with community services, home care is discussed further under **Formal Support Networks**.

An overall shift of emphasis from the medical/institutional model to the community-based health services model is taking place, with the focus on health promotion and disease prevention, not just on the curative aspects of health care. The attempt to 'de-medicine' aging and overcome the public's equating 'aging' with 'illness' underlie all recent literature on health and aging. As is evident in the following sections, it is impossible to separate the issue of health, often referred to as 'well-being' in the literature, from the other issues discussed in this review. For example, underlying all research on the housing situation of older persons is the assumption that what counts most in evaluating the housing environment of older person is the effect that environment has on various aspects of health—physical, emotional or mental.

Formal Support Networks—Community Services

INTRODUCTION

In *The Living Arrangements of Canada's Older Women*, Susan Fletcher and Leroy Stone defined formal and informal support networks.[6] "By support networks we mean the group that provides an individual with services or commodities to maintain satisfactory life conditions or to correct unsatisfactory life conditions. **A formal support network is a group that has been deliberately organized, often as a recognized institution, to deliver a particular class of support. An informal support network is a group that has become a support network without deliberately intending to create a support organization.** Informal support networks can involve family members, other relatives and friends." They do not specify that government agencies are part of formal support networks, but they imply it, and most research refers to government and formal voluntary agencies as formal support networks.

Most literature on social services is in the area of social work and policy research. As pointed out in the 1984 *Statement on Aging and the Aged*, the responsibility for social welfare historically was the responsibility of the family, the church and the local municipality.[54] Not until the mid-19th century did it become the joint responsibility of federal, provincial and municipal governments. Several references to the shift in community-based care and services for the elderly are made throughout this review, implying an increasing role for municipal and provincial agencies in developing and implementing policies and programs for older persons. The *Canadian Governmental Report on Aging* (1982) describes this responsibility as one of

> ...prevention of conditions that cause disadvantage or disability; rehabilitation to bring individuals, families and groups to higher levels of participation in social and economic life; protection of those whose safety and well-being are at risk; and, the development of individual, group and community capacities for growth, enrichment and social participation. Social services are facilitative in nature, that is, they encourage self-determination by the users and the joint participation of providers and those who make use of the service. They require the contribution of a variety of social service personnel from different disciplines, volunteers, self-help and both the formal and informal support networks within the community.[30]

These goals of the community service agencies are reflected in the literature and, as noted in the section on demography, the role of the community services will be central in the lives of the growing population of older persons.

The literature describes the problems facing community service agencies and suggests many solutions. The main problems appear to be (1) needs assessment,

(2) delivery of services to those deemed most needy, (3) family versus community responsibility, and (4) coping with increasing demands on agencies with limited funding.

NEEDS ASSESSMENT

Both in the social services and health care fields, how and by whom needs are assessed are often hotly debated. Writing on the difficulties of carrying out needs assessment, gerontologist Irving Roscow addressed the apparent contradiction between "the problems of aging as those old people actually have and those the experts say they have."[55] Research on the housing conditions of older persons reveals countless contradictions between what the objective measurements (usually based on observations by outside experts or by manipulation of census data) say and what older persons themselves say (based generally on surveys) about them. Rabushka and Jacobs analyzed the two and found they "bear little, if any, resemblance to one another.[56] From the answers we obtained one would hardly guess that the housing experts and the elderly were discussing the same subject." Several other studies also found contradictions between objective and subjective measurements of health conditions of older women[7] and general needs and conditions of aging.[49,50,57-64]

Several studies attempt to explain the differences between needs assessed objectively and those assessed subjectively. Carp and Carp suggested that responses to questions in surveys may be biased due to 'cognitive dissonance', i.e., if the older person's conditions are inconsistent with his or her self-image and there is no possibility of change, the individual reduces negative feelings by denying the situation is all that bad.[60] They proposed that many survey questionnaires elicit self-defensive rather than reality descriptive data. Connidis,[65] Ward,[66] Hendricks[67] and others have argued that one-shot questionnaires inhibit useful results. They and others claimed that the tendency of most academic and applied research to neglect the importance of investigating older persons' perceptions in-depth explains many of the deficiencies and problems in identifying and finding solutions to the needs of older persons.[22,50,56,64,65,68-73]

Of the many other explanations given for the discrepancy in needs assessment, Connidis suggested one of the most intriguing: "Older people are happier with less (objectively speaking) because their reference group is not younger people but previous generations of older persons...consequently, although their objective life circumstances do not match those of younger people, they represent a marked improvement over past generations of older persons."[65] This was reiterated in many other studies and by older persons themselves.

In reviewing needs assessment methods used by service agencies dealing with older persons, Little found many inconsistencies and deficiencies, categorizing the

methods used most often in social planning as rational, empirical or relativistic.[22] "The rational approach is a professional estimate of how the deviation from an ideal state of well-being and is more comprehensive, but also more biased. The empirical approach measures actual demand at the current utilization level, assuming that people below an average level automatically demand and are supplied. The relativistic approach is based on a process of consensus-building in the community and it is considered politically realistic although possibly over-influenced by providers at the expense of consumers."[22] She suggested using computer capacity to establish a 'service preference model' to help differentiate present and future preferences of aging persons, but warned that over-reliance on computer-assisted needs assessment could impersonalize the system and leave needs unmet. She argued no one method would do because the complexity and "crudeness" of much of the data suggested a multi-faceted approach. She also criticized many agencies for making "computer educated guesses" or proceeding "by the seat of their pants" in generating the needs for the provision and planning of services for the elderly.

Avant and Dressel also found significant differences between needs assessed by service providers and those described by older persons themselves and that knowledge of gerontology did not seem to help; instead, they suggested the direct involvement of older persons in the planning and implementation process.[74]

Aging in Canada is one of many studies whose findings suggest it is critical not to assume that all seniors have similar needs just because they are old.[3] Sex and age are variables that determine both the degree of 'neediness' and the type of service or program needed.

Lawton summarized the main point of many articles on needs assessment when he argued that research, both theoretical and applied, should be based on a rational blending of the realities described by experts and those described by older persons themselves.[62] Kleff addressed whether present needs assessment methodology really produces data that reflect the needs, wishes and wants of the target population, another common theme in the literature: "Needs are dynamic rather than static variables and reflect not only the individual, but also the environmental and societal conditions [including the state of the economy]."[75]

DATA ON NEEDS

Countless books, articles, survey reports, and other documents present the needs of older persons. Among the aging, the needs most often described as important are (1) adequate income, (2) good health care, (3) security and safety, (4) housing assistance, (5) transportation, and, (6) social interaction.[12,26,30,62,76-85]

The Manitoba Study found the following activities to be most potentially difficult: light housework, heavy housework, making a cup of tea or coffee, preparing a hot

meal, shovelling and yard work, shopping, managing financial matters, doing laundry, and making major house repairs. The capacity to perform these activities was used to determine the appropriate service-related programs needed in a community.[82,83]

DELIVERY OF SERVICES

Delivery of services to older persons in need is frequently criticized in the literature. The main criticisms are that services are not readily accessible, information on services is not disseminated effectively, if at all, and service delivery actually creates dependency while leaving needs unmet.[15,22,53,86-90] Brody stated, "It is a very difficult task to meet the needs of such a heterogeneous group of persons as the elderly, particularly since over 90% live in a variety of housing contexts in the community."[91] The challenge to community services, Brody suggested, is "to overcome the problem of linkages to those in their own homes. Even if services to maintain older persons in their homes existed, problems of disseminating information and transportation still impede their usefulness."

Without available and accessible community support services, older persons often either remain in their own homes (including subsidized housing) with such unmet needs for services as a minimal level of on-site health care, or move into total care institutions. Community care is now emphasized in Nova Scotia, but for many older persons the situation is still 'either/or'.

A criticism often cited is that older persons are not included in designing and implementing services. Corin criticized the emphasis on needs and services 'orchestrated' by social intervention because they often overlook older persons' coping strategies.[86] Unless those who implement social programs are aware of the social networks of older persons and how seniors use them to cope with daily problems, they will continue to deliver services that create dependency. Corin suggested 'social network analysis', which would allow social service providers to overcome the barriers in the system of service delivery. Her findings suggest that those with small social networks usually have the greatest unmet needs. These persons are most likely to be the 'old-old', be tenants, have no children and perceive themselves as poor.

THE FAMILY VERSUS THE COMMUNITY AS A SUPPORT NETWORK

How much responsibility the family and the community have for older persons and the extent to which they encroach on each other's territory unnecessarily and dangerously is another problem identified in the literature on community/social services and aging. As stated by Linsk et al.,

> In few areas do the resources of government and the moral obligations of families conflict so much as with respect to the proper

> roles of family and of government in support of elderly people. Government programs are faced with increasingly distasteful choices among competing needs and objectives in serving the frailest and poorest elderly population. The dilemma is to sustain informal care giving and simultaneously contain the use of expensive institutional care and increasingly scarce health care resources.[92]

Linsk et al. argued that community care focused on government, providing only what it could not get families to do for free.

A discussion of the present and future 'free' caregiving situation follows but it is clearly impossible to separate formal and informal support systems. The challenge, according to the literature, its to link them in a way that allows each to retain its distinct function and identity. Nevertheless, Wagner and Gleeson noted that

> There is not widespread partnership between the professionals and the support groups (for older persons) in this country. The medical model continues to dominate intervention strategies and emphasize the use of professionals to the exclusion of other forms of assistance and existing (informal) resources available to older people.[93]

COPING WITH INCREASING DEMANDS AND LIMITED FUNDING

The emphasis on the coming 'crisis of aging' is directly related to two factors: an increase in the elderly population, particularly the 'old-old', and the ever-increasing budgetary constraints on government. The fear is that society will be unable to keep up with the increasing costs of providing support services in the community or to address the spiraling costs of institutional care and other subsidized housing requirements of older persons. The validity of this fear is discussed later but the fundamental point made in most policy/applied research on community care is that for care arrangements to remain cost-effective, new methods of financing and/or providing services will have to be devised.

The main emphasis now is on increasing the role of the voluntary and private sectors. A major underlying assumption here is that including them will enable government to cope with the increasing costs of providing services to older persons. The financial burden of maintaining even a modest level of services to the elderly in future will be nearly impossible unless a community-based system, which includes a strong component of non-government support, is available.

For each of these problems a number of solutions have been suggested, some of which have already been discussed, such as changes in the methods of needs assessment and delivery of services. The literature indicates a great interest in case management; in fact, James Callahan cited more than 1,000 documents, articles and papers on the subject.[53] Essentially, case management would control costs by providing services to those most in need. Lammers,[38] Gottesman[94] and Steinberg and Carter[95] suggested that the 'holistic' approach of case management could help

organize and centralize the delivery of services to older persons and generally make it more efficient.

Callahan argued that while elements of case management have merit, it is not clear exactly what case management accomplishes for whom. Also, it is expensive, both because it may result in increased services and because overhead costs are a drain on resources.[53]

In summarizing what is needed to improve the delivery of services, reduce or keep costs down, and improve the lives of older persons by the partial use of a case management approach, he stated:

> It is important to provide more information to older persons and their families on a whole variety of items that affect people as they get older. It is necessary to ensure...that a wide range of services are available from which individuals could choose rather than being forced into the rigid definitions of services organized or funded by public funds. It is only through consumer choice that the truly felt needs will be adequately met.
>
> Job redesign is a way to cut down on the expense of a 'multiplicity of workers'. One person could do several jobs, thus also cutting down on the number of persons coming into and out of an older person's home. This new type of worker could be employed by a single organization that also offered nursing and social work. The need for case management would be reduced to internal coordinated care planning.

Callahan also emphasized

> ...the necessity of an adequate income maintenance program so older persons would have enough money to purchase services for themselves;...the need for a more 'inclusive organization into which individuals can enroll' and because it is a single organization the fragmentation produced by single 'entities' is reduced; and...the need for less as well as more inclusive services because only a few older persons need on-going support. Most only need 'something now and then', and, therefore, 'we should design systems where people can get some help from government but participate on an ad-hoc basis'.

Ultimately, "it is a question of responsibility for a joint effort on the part of rational, self-controlled, independence-oriented older persons acting responsibly on their own behalf and policy makers/professionals who design and operate the systems of care (and support service) where older persons will seek satisfaction of their wants and needs. The system must be responsible to the needs of the person, not to the needs of the system."

Shanas, among others, suggested that government programs such as tax rebates or subsidies for children who help their aging parents can alleviate problems of costs and delivery of social services.[5] 'Filial responsibility' should be aided or motivated by such incentives, thereby providing the type of support that older persons have traditionally favoured and cutting the costs of direct services. The assumption is these incentives would cost less than direct services. There is a continual debate in gerontology whether it is cheaper and more beneficial to older persons to provide subsidies or services.

Informal Support Networks—Family, Friends, and Neighbors

INTRODUCTION

The informal support networks of the family are critical to life-satisfaction, well-being and independence in old age. Formal support networks have expanded their services to older persons in recent years and are the first to be considered to provide service, but their role is limited. Circirelli, among others cited elsewhere in this review, noted

> There is a continual shortage of professional and para-professional personnel trained to work with the elderly, and inflation is causing ever rising costs of building formal support networks, training and hiring staff, and providing hospitalization.[96]

In addition, many elderly are reluctant to receive services from public and private agencies because of the connotation of 'welfare', the feelings of dependence associated with receiving help from government, the red tape and the general negative attitude towards letting strangers know about, and help you with, your private problems.[6,96-98]

The elderly often criticize formal support systems because of their inaccessible location or inappropriate hours of service, impersonal 'bureaucratic behavior' of some personnel, the inefficiency of rules and procedures that inhibit services when they are needed, and the generally perceived lack of quality of services, institutions or personnel.[96,98]

Voluntary agencies are increasingly providing services such as meals on wheels, dial-a-ride, friendly visitors, help-lines, etc., but older persons do not perceive them as a primary source of support.

The only other formal alternative is to hire private services. Although the income status of older persons has increased significantly since the 1930's, many older persons, almost all widows, still live below the poverty line. These persons cannot afford even low-cost services.

MYTHS AND REALITIES OF FAMILY LIFE

Therefore, much actual social and physical support to older persons is provided by informal networks of family, friends and neighbors. Traditionally, the family has been the primary support system for older persons. There is a general consensus in the literature that the role of the family is critical, notwithstanding how this role has changed over the years. Until recently, it was generally and incorrectly assumed that modernization and the development of an industrialized society changed the family life of older persons for the worse—older persons were no longer treated

with respect and were often abandoned or neglected by their families,[99-102] and articles in social policy and the popular media often supported this belief.

The question is how these 'myths' got started and why they continue despite much evidence to the contrary. Again, the interpretation of demographic data (plus assumptions concerning past living arrangements of older persons) apparently has influenced the picture of family life presented in the literature. The following are some facts generated by demographic data: first, there is much greater mobility among younger persons, thus suggesting greater separation from parents than in the past; second, despite the economic and physical security older widows 'must' experience, many live alone, thus suggesting rejection by family members, who, in past generations would have 'taken them in'; and, third, an increasing number of persons are in institutions, thus implying rejection by families.

Brody,[103] and Shanas,[104] among others, suggested that the taxpayer's fears of the rising costs of institutional/government-assisted care and that helping professions see only the problem situations and tend to 'romanticize and idealize some vague time in the past' also perpetuate myths surrounding the family life of older persons.

Research findings clearly indicate that much of the demographic data was 'misinterpreted'. For example, most older persons have daily contact with their children in spite of their mobility. A large-scale famous study of three industrial countries by Shanas et al. in 1968 found that 84% of American respondents had seen at least one of their children within the previous week.[104] Troll et al. cited research data indicating that more than 80% of those 65 and over live less than an hour's drive from their children.[105]

Several studies present a rationale for older widows' preference for living alone, although objective measurements describe this as difficult for them. The primary reason for this decision seems to be the widows' desire for independence. Fischer, among others, stated that since the advent of social security and medical coverage, older persons have more choice in their living arrangements.[106] In a society that highly values independence, choosing to live alone reflects the norm and should not be surprising.

Despite increased institutionalization of the elderly, the number of older widows, theoretically the prime candidates for institutional care, has not increased accordingly. Fletcher and Stone suggested that this means more and more older widows are relying on informal support networks to meet their needs.[6]

Some other interesting demographic trends are occurring in the family life of older persons: the age span between kinship generations is shrinking; there are more four- and five-generation families; there is more standardization in family size and

composition, and this means a greater number of older persons can expect to live to have children and grandchildren; and the influx of immigrants who may have larger families plus smaller families among Canadians could raise interesting and complex policy issues in the future.[1] Another concern, as suggested earlier, is likely to be the question of available offspring for a kinship support network in the future.

LIVING ARRANGEMENTS

Older persons live alone today because they prefer to, not because of abandonment or rejection say a number of researchers including Connidis,[107] Shanas,[108,109] Chappell,[9] Wister,[110] Brody,[111] Abu-Laban and Abu-Laban [112] and Fischer.[106] Rowland suggested that older widows (those most likely to live alone) have run their own households for fifty years or more and don't wish to lose their autonomy or authority.[20] They don't want to leave their comfortable surroundings or familiar neighborhoods. Moving in with family or others means losing some control over one's environment, accepting new routines and conforming to others' rules. Fletcher and Stone,[6] Lopata,[113,114] Shanas,[109] Martin-Matthews[115] and Ward[116] provide similar explanations why older persons prefer living alone to living in multi-generational family situations.

Yet the problem Rowland described remains:

> Persons who live alone comprise the group most in jeopardy when unable to meet their own needs of daily living, the intervention of other family members or organizations being necessary.[20]

Most research argues these persons become increasingly dependent on children and are most likely to move to senior housing or share housing with others, mainly adult daughters.

Despite a strong preference for living alone, a significant minority of older women share their housing with children: 13% of all older women and 6% of all older men live with children or other relatives. Fletcher and Stone[6] stated that 33% of all non-married women and 28% of all non-married men live with others. Beland,[15,16] Shanas,[108,109] Fletcher and Stone[6] and Rowland[20] suggested older persons who share housing with children are able to maintain normal lifestyles longer, have higher levels of meaningful social interaction, have higher morale, and experience less loneliness than those who live alone. They receive help during illness or in emergencies and, therefore, prevent or delay the necessity of a move into a senior citizens' facility.

Most studies find it is predominantly old, non-married women in poor health[15,16,117] or financial need[7,18,118] who live with their children.

As Hess and Markson stated, "It is the oldest, the poorest and often the frailest women who eventually make a home with a relative."[119] More older women than older men live with their children, possibly due to the fact that there are more older women than older men and more widows than widowers. Of those widowed, 80% are women, and 75% of married women will eventually be widows, while only 17% of men will be widowers.[115]

Advantages and Disadvantages of a Multigenerational Household

Living in a multi-generational household would have advantages and disadvantages. The advantages are listed below:

1. It eases the physical and economic burden on the older person, yet provides the opportunity to continue extra-familial activities.
2. The older person can participate in more activities, both in the household and in the community.
3. The older person receives affordable, consistent, personal health care.[112,120,121]

The disadvantages of shared housing are many:

1. Conflicts created by inverse dependency are intensified.[121]
2. Older persons feel like a burden despite younger persons' stated willingness to share a home.
3. Seniors lose control over environment and lack personal privacy.
4. Unable to find a role in the new family setting, seniors experience role conflict.
5. Shared housing can lead to loss of financial control, status and self-esteem.
6. Finally, shared housing can produce significant stress for the caregiver.

On the one hand, it appears unfortunate that we no longer have the three-generational family, although it is not clear to what extent it existed in the past. On the other hand, sociologists and gerontologists criticize society for forcing older women to live with their children rather than independently. The debate over whether older non-married women do wish to live with children or live independently and whether governments should encourage or aid families in sharing their housing with older persons is increasing. If older persons had a totally free choice would they prefer to live with their children? Do these living arrangements promote economic and social independence, dependence or, as stated by Cicirelli, interdependence?[96] Does shared housing provide support or create abuse or neglect, or does it result in higher or lower levels of physical and financial well-being or greater or lesser social involvement? All these have yet to be explored indepth. Only recently has caregiving by adult children been a primary focus of research, and only now are some of these issues being explored.

The Caregiving Dilemma

Caregiving to the elderly became one of the most important personal and public issues of the 1980's. About 80% is done by women over 45, with a significant

proportion of them being over 65.[9,122-124] Horowitz found that sons are caregivers only when female siblings are absent; even then, they are likely to rely on assistance from wives.[125,126] Whether they are spouses, children, siblings, friends or neighbors, these women provide informal support networks that allow many older persons to continue living independently, and they are an essential part of home- and community-based care and support programs and policies. The question often posed in the literature is the extent to which we can continue to *depend* on them as primary caregivers.

Research suggests that due to decreased birth rates, increased participation of women in the labour force, and changing family structures, women available to help their relatives in the past may be less available in future.[1,5,6,103,127-129] One expert on women as caregivers, Elaine Brody, noted:

> Given the diversity in women's life courses, we do not know what choices will be made by future cohorts of women as they move into the parent care years. We do not know how the old behavior borders that have been measured by research will respond to life-style changes, to possible changes in family structure and size, to economic changes, or to changes in mobility patterns.[103]

Many potential caregivers are themselves in their 50's, 60's or even 70's, and many of these 'women in the middle' are experiencing their own aging problems while attempting to handle careers, adult children and aging parents at the same time.[103,123] The empty nest is refilled, sometimes quite literally, causing stress and distress from added roles.

Brody described the stresses of these roles, indicating some of the women cared for their mothers and older relatives, and several had to quit their jobs or cut down on their hours of work to handle their caregiving.

> Yet three-fifths of those very same women said 'somehow' they felt guilty about not doing enough for their mothers, and three-quarters agreed that nowadays children do not take care of their parents as was the case in the good old days.[103]

Cicirelli found older persons and their adult caring children attached differing importance to services provided by the latter.[96] Older persons saw protection, bureaucratic mediation and provision of reading materials as important, but adult children saw personal care and home health as more important. Older persons reported receiving more services than reported given by caregivers and also desiring more services in future than their adult children perceived they could give.

While Cicirelli stated most primary caregivers feel considerable commitment to parent(s) (only 12-15% indicated little, if any, commitment), they felt they would have little, if any, help in future from other kin or non-family sources, including government. They felt government help would be limited to income supplements, temporary health care and specialized housing.[96]

The problem is that too much is expected of primary caregivers. Jarrett,[130] Horowitz and Shendelman,[131] Stroller[132] and Finley et al.[127] argued that it's important to provide counselling and support for primary caregivers. Jarrett stated the emphasis in caregiving should be placed on the traditional norm of kinship responsibility rather than filial affection alone.[130] Long-term caregiving places stresses on feelings of filial affection which, in turn, make the caregiver feel increasingly guilty. In helping frail older parents, it is important to realize that the primary motivator is family obligation and reciprocity[131] and that the more assistance required, and the less the older person can contribute, the greater the stress for both the person who gives the care and the one who receives it.[132]

Johnson and Catalano found the longer the dependency relationship, the more negative the outcome.[133] Cantor found only 50% of caregivers stated they 'got along' with long-term care recipients.[134] Sussman found 43% of caregivers anticipated prolonged difficulty if prolonged intervention were necessary.[135]

Pearlin, in his often-cited study, suggested we need to prepare potential caregivers for the emotional impact of the role of caring and to change the attitudes or ideology of caregiving to one that emphasizes positive concern rather than the necessity of affection.[136]

While it is assumed that caregiving is primarily done by adult children or their spouses, several studies indicated that siblings and friends play a critical role. An article in *Aging* described the role of older women's/widows' support networks.[137] These groups often overcome the limitations of families to provide needed emotional support and companionship. The informal and formal peer counselling provided by these networks are described as significantly affecting the well-being of older women. Pihlblad and Adams found contact with friends is more strongly associated with well-being than with children.[63] Roberto and Scott found that both older men and older women received considerable help from friends, and that older single women received more help from friends than from children.[138]

The realization that the public sector cannot fully answer the growing needs of our older population, coupled with the increasing cost of health care, may explain the current emphasis on home-based care and support. Some gerontological studies suggest a priority in government policy should be to provide help for the 'helpers'.[15,108,109]

Other gerontological studies indicate that linkages must be made between formal and informal support networks.[139-141] Most studies examining urban-rural differences emphasize the critical need to reach and help rural caregivers.[140,142-145] These individuals have more difficulty fulfilling their responsibilities since information, services and support systems often are only available in urban centers.

Although there is a lot of emphasis on the family as the primary source of physical, emotional, financial and social support for older persons, several studies cautioned about how much responsibility society can place on primary (family) caregivers. Connidis suggested,

> In the face of limits to children as careproviders [even as described by older persons], it is important that the positive aspects of institutions [as described in other research] become part of the public perception so older people are aware of and can anticipate the potential benefits of this option.[107]

Connidis[124] and Beland[15] argued that policy makers in Canada must not assume any substantial proportion of older persons would prefer to live with children or become dependent on them to provide services. They suggested promoting independent living service and a wider variety of senior citizen housing arrangements.

The question remains, who will provide those support services necessary for independent living by our growing older population? The Canadian Health Services and Promotion Branch publication, *Aging: Shifting the Emphasis*, suggested that caregivers need more knowledge of the aging process, support in carrying the burden of providing intensive care and more contact with professionals.[29] It criticized the lack of educational information for professional and informal caregivers, and the reluctance by professionals to use the resources of an individual's network, relying instead on costly medical support that is not always as effective and may remove the individual from the community where he or she would prefer to be.

The report also called for adequate respite care and other community support services.

Housing

INTRODUCTION

Social gerontologists argue that housing is fundamental to one's quality of life, especially for older persons. As Riley et al. stated, "For the older person, housing is more than shelter; it can ease or exacerbate many of the social, financial and physical problems of aging."[26] Rabushka and Jacobs argued, "Aside from his [her] spouse, it [housing] is the single most important element left in the life of an older person."[56] Montgomery summarized the importance of housing for seniors:

> The housing environment becomes increasingly significant in the lives of many older persons, as the quality of this limited world largely determines the extent to which they will maintain their independence, the amount of privacy, auditory and visual capacity and the ability to exercise control over their immediate environment. Housing is the major variable, physically, socially and psychologically in the lives of older persons.[146]

As noted earlier, Canada's population is aging, and increasingly older persons will be women, most non-married. These women constitute one of the most vulnerable groups in society. Most are widows, have incomes at or below the poverty line, live alone, have significant health-related problems and lack home maintenance skills.

DIMENSIONS OF HOUSING RESEARCH: SOCIAL, PHYSICAL AND FINANCIAL

Older women are said to be at highest risk of having housing-related problems.[6,7,12,18,147,148] In fact, many are forced to move to senior citizen's housing or to live with their children to escape these difficult housing situations. The literature often relates housing to an older person's self-esteem, identity and life-satisfaction in general (particularly for women); therefore, any changes in the social or physical factors in housing environments may have serious consequences for them.

The aged were first perceived as a social problem in the 1930's, as a result of social, demographic and ideological conditions that arose during the depression. Later, during the late 1960's and early 1970's, housing for the elderly became a primary focus for policy research and program development in Canada. Originally it focused on structural factors in housing for older persons. Then, in the late 1970's, the amount of literature on all aspects of the older person's housing environment increased greatly. The general consensus was that the average older person's housing situation led to significant social, physical and economic problems. Therefore, government programs and policies and social research must address the housing situation more carefully.

The literature suggests several reasons why housing is so critical for older persons, particularly women:

1. Older persons experience decreasing levels of mental and physical ability, and, therefore, social and physical characteristics of their housing may have a greater impact on their daily lives, well-being and life-satisfaction, particularly for women over 75 who live alone.
2. Housing is both the major asset and the major expense of older persons. It is said to consume up to 50% of the older person's income and, again, older women are assumed to have the most financial problems related to their housing.
3. According to almost all objective measurements of the older person's housing situation, the overall physical quality of the elderly's housing is substantially poorer than that of younger persons. Their homes are older, larger, often in need of repairs, and located in urban centers, which are often deteriorating. Again it is assumed that older non-married women will have the most problems because they lack the money or the skills to maintain or repair a house.
4. Older persons are often block- or house-bound, particularly widows who lack transportation, and may spend 70-80% of their time in their homes.[149]
5. Housing arrangements critically influence both the quality and the quantity of social interaction, social isolation and loneliness. Again, older widows are defined as those most likely to experience such isolation and loneliness.

According to Carp, those interested in improving the quality of older persons' housing must look at the following factors as a basis for research in assessing their housing: (1) age and ownership status of the dwelling in which the older person lives; (2) physical condition of the dwelling; (3) physical and financial ability of the older person to repair and maintain a home; (4) location of the home in relation to services; (5) availability of transportation; (6) closeness to relatives and friends; (7) safety and security of the environment; and, (8) proximity of desired social facilities.[58]

Although those doing housing research make a strong case for the critical importance that housing can have in the lives of older persons, the existing literature contains many deficiencies, inconsistencies and contradictions. Until the late 1980's few studies examined or even acknowledged these problems. The recent publication cited earlier, *Aging: Shifting the Emphasis*, pointed out many of these deficiencies, saying those in research should clearly define various housing concepts and focus on the need for 'real' alternatives.[29]

Literature on older persons' housing tends to focus on three dimensions, each interacting with the others but, at the same time, capable of being analyzed separately. The three dimensions are the social, the physical and the financial.

Research on housing contexts and social relations has focused on whether living alone or living with others is better for the individual, and the relative value of age-mixed and age-dense housing (referred to as age-integrated and age-segregated housing in the literature).

Social research on housing contexts and physical problems has centered on formal and informal support networks as a primary means of providing physical security and the exploration of alternative housing arrangements and facilities, including special design features.

Research on financial problems has been primarily concerned with the income levels of the elderly and the impact the cost of housing has on their ability to remain where they wish to live.

The Social Dimension

Social housing research is based on the view that a dynamic interaction exists between the environment and the individual. "People interact with their environment. They choose, shape and at the same time they are controlled to varying extents by forces in the particular environment they happen to find themselves."[49]

Some recent research suggests the meanings attached to physical and social surroundings may be more significant in predicting satisfaction with one's housing situation than the actual physical condition of the dwelling.[34,50,56,70,72,150,151] Attachment is not found to be as strong among tenants as it is among homeowners,[12,36,65,107,147,151-153] which could explain why older persons who are tenants are more likely to express dissatisfaction with the condition of their housing or move because of it. Hendricks suggested that this attachment could explain why older persons who move to newer housing actually grieve for their lost homes, even though the relocation means considerable improvement in their physical housing.[67]

Frankenthal found the concept of 'normal' housing to be significant in the housing perceptions of the elderly, that it (housing perceived of as normal) is crucial in the image of self and is perceived as crucial in other people's evaluation of the self.[154] Being able to live like everyone else or as one did when one was younger signifies that one can cope and is in control of one's life, whereas moving to senior citizen's housing signifies loss of a 'normal' housing context.

Atchley described housing as the key determinant of the quality and quantity of social contact and social support in the lives of the elderly.[155] Howell found housing can inhibit or facilitate desired levels of social interaction.[156] Social integration of the aged is widely recognized as a central issue in social gerontology because the

most significant problems of the elderly are considered to be intrinsically social[55] and because gerontologists believe social integration predicts morale, well-being, and life-satisfaction.[6,18,20,46,49,50,90,101,118,147,157-161]

It's in daily social life that this interaction between factors in the environment and personal characteristics is often explored, and the two examples of this are **research on various living arrangements and the age-dense housing controversy.**

The type of housing and living arrangements of the elderly are often used as variables in assessing the degree of social integration of the elderly and its impact on the quality of life in old age.

Living arrangements

In social gerontology, 'living arrangements' is the variable most often used to assess both the degree of social integration the older person experiences and its impact on various measures of quality of life. 'Living arrangements' generally refers to the social composition of the households in which older people reside or to the nature of their collective dwelling. Rowland stated, "Living arrangements derive their importance from their bearing on the social integration of the elderly and on their levels of dependence."[20] A variety of factors in addition to income, health and family involvement determine living arrangements, e.g., sex, marital status, ethnicity, fertility levels and availability of support services.[16,18,20,65,110,162]

Most older persons live with others, but a significant and growing number of older women live alone. As the following table points out, 43.5% of older Canadian women and 71.9% of older men in 1986 lived with relatives, including spouses, and 31.3% of older women and 13.3% of older men lived alone.

Living Arrangements of the Aged by Sex and Age, 1986

	All Aged		65-74		75 and Older	
	Men	Women	Men	Women	Men	Women
Own family	71.9	43.5	78.0	56.3	60.6	25.7
Not in own family	28.1	56.5	22.0	43.7	39.4	74.3
Alone	13.3	31.3	11.6	28.0	16.5	35.9
With Relative	7.4	14.6	5.8	10.7	10.5	20.0
With non-relative	2.8	2.7	2.4	2.4	3.6	3.1
Collective dwelling *	4.6	7.9	2.2	2.6	8.9	15.2

* e.g., hospital, old age home, hotel or rooming house.

(Source: Statistics Canada, Census of Canada)

The number of older women living alone grew three-fold from 1961 until 1976,[6] and the proportion of women living alone is expected to increase in future. The common portrayal of an older person living alone, usually a widow, is a negative one—a poor, lonely old lady living in a shabby house with only her cat for company. To a degree, the literature dispels this myth, but better in-depth research on older widows is needed to overcome this and many other popular stereotypes related to aging.

Although most research indicates that older persons strongly prefer living alone (as couples or individuals) and that older persons living alone receive considerable support from family and friends, many researchers found that the elderly who live alone have many unmet social, physical and financial needs.[6,7,15,16,19-24]

Lawton's results from three samples of older persons in the United States (N1=3,966: N2-2,797: N3=1,296) all indicated older married men and older married women are better off in terms of morale than older women living alone.[23] Women living alone, however, had higher competency levels than did women who

lived with others. Reed et al. found older persons (N=92) who lived alone "spend more time alone than do married older persons or those who live with children, and appreciated it less."[24]

Fengler and Danegelis surveyed 1,400 older persons in Vermont and found those with lowest life satisfaction were older women living alone. They scored significantly lower than those who were married and somewhat lower than those living with children.[21] Beland, in her study of three random samples of older persons in Montreal, found the primary predictors of a move to specialized housing for senior citizens were being female, living alone, being a tenant, and living far from closest kin.[16] Awareness of available formal support services outside the home appeared to have no significant effect on moving.

Several studies use Canadian census data to indicate that those who live alone, mostly women, have significant social, physical and financial housing needs.[6,7,12,18,118] Fengler and Danegelis argued, based on statistics and substantiated by their research, that "The older widow is a particularly vulnerable sub-population, less healthy, economically poorer, and often living alone; she is most vulnerable to environmental influences."[21] Yet despite the difficulties of living alone, older persons involved overwhelmingly preferred this living arrangement.

The Importance of Independence and Privacy

In his study of older persons living in non-collective housing in London, Ontario, Wister found that preference for independence and privacy was the strongest predictor of which seniors would opt to live alone.[110] This preference reflects strong social norms that have developed since the industrial revolution and will continue to be important. Norms of 'expected separateness' are also shown to be important in deciding to live alone. These considerations are more important in predicting a preference to live alone than physical strength, mobility, domestic competence or norms depicting kinship ties. Abu-Laban and Abu-Laban,[112] Kobrin,[163] and Connidis[107] also suggested that social norms favouring independence and privacy underlie older persons' stated preference for living alone. Kobrin argued the norm for separate living is reflected in the living preferences of all age groups, not just the elderly.[163]

Ethnicity is also a possible explanation for living arrangements, particularly for older single women. Wister, in a study based on analysis of Canadian census data, found older women who are Jewish or British are more likely to live alone than those who are Italian or French.[110]

Fertility levels, according to Rowland,[20] Wister and Burch[162] and Beland,[15,16] significantly affect living arrangements. According to this research, older persons most likely to live alone are widows who are childless or have only one or two

living children (a significant minority of today's cohort of older women are childless —20%).

Connidis proposed that the usual surveys employed in housing research could not uncover the complexity of the decision-making process involved in choosing living arrangements.[65,107] In her research of 400 older persons in London, Ontario who live in non-collective housing, she found few older persons who said they would prefer to live with their children if they had to move. Instead, they stated a preference for living in senior citizen's housing. Yet, using open-ended questions as a follow-up to her survey, she found some older persons state such a preference because they feel it is what their children would prefer. If they were free to choose, they would choose to live with their children.

Living with others (other than a spouse) is a significant, though rarely studied, housing possibility, partly because it is more difficult to study those sharing housing with others, although it may be because it is assumed most older persons live as a couple or alone. Yet, the 'typical' older couple household really applies only for men, 71% of whom are married, because for older women, being married is not the 'norm' (only 41.6% are married).

The Age-Dense, Age-Mixed Housing Controversy

Most research on housing for older persons has focused on the debate between the relative value of age-mixed versus age-dense housing. That this is an area of intense concern seems somewhat inappropriate considering that less than 10% of older persons reside in senior housing at any given time.

Few researchers view age-dense housing positively. Perhaps with the exception of Roscow,[55] Rose[164] Beland,[15,16] Connidis[124] and Teaff et al.,[157] almost all view age-mixed housing as the 'ideal' housing situation. The underlying assumptions are that older persons prefer age-mixed homes or neighborhoods and that age-mixed environments lead to social integration, which, in turn leads to well-being, higher levels of morale and life satisfaction. Ward criticized the latter assumption, saying he found no research that a heterogeneous environment has any impact on social integration or tolerance.[66] Similar interests and attitudes must exist first, he argued. Roscow also found that age-mixed environments (apartment buildings or neighborhoods) only have a positive impact if people have similar interests, backgrounds or attitudes.[55] Yet because most writers assume that age-mixed environments are key to social integration and life satisfaction, many often vehemently oppose age-dense housing.[26,87,102,118,165-168] For example, Tissue called it "an insidious form of discrimination where the elderly are treated as unworthy and put with their own kind for their own good...".[165]

Hendricks and Hendricks traced the roots of the negative view of age-dense housing to the British alms houses and to the poor houses in North America.[169] People of all ages lived there if they had nowhere else to go; generally it was a symbol of rejection by society. Lawton[117] Streib[46] and McPherson[2] found negative perceptions of this housing are related to the institutionalization it reflects and the degree of care provided. The care provided in specialized housing symbolizes dependency.

Teaff et al.[157] and Beland[15,16] may be correct in relating concern over age-dense housing to fundamental fears by middle-aged researchers of aging, losing control over their lives, losing independence or dying alone in some institution.

Whatever the reason, most literature is critical of age-dense housing. For example,

1. It inhibits social interaction in the housing context and in the community.[26,167]
2. It leads to a lack of privacy or control over one's social involvement.[2,170]
3. It creates isolation and feelings of loneliness.[27,118,166]
4. It promotes or re-enforces negative stereotypes of older persons.[2,26]
5. It implies discrimination, segregation from society and a devalued status.[87,168,171]
6. It fosters dependency or constitutes a sacrifice of independence, implies 'being coddled', "assaults persons' sense of self-worth and encourages passivity."[26]
7. It often places older people in non-familiar, impersonal and institution-like surroundings, which could lead to lower levels of morale and well-being.[37,50]
8. It has a detrimental effect on physical well-being and can result in premature death.[26,27,102]

Yet, although most social gerontologists consider age-dense housing detrimental to the elderly and age-mixed housing environments to be 'ideal', studies indicate overwhelmingly that age-dense housing has a positive impact on well-being, social interaction, housing satisfaction and life satisfaction.[51,55,58,61,157,159,173-177,]

Two case studies often cited in the literature are those by Hochschild[177] and Carp.[178] Hochschild studied Merrill Court, a low-rise public apartment building housing 43 older persons, 35 of them widows, in a southern California urban center. She found that in age-homogeneous contexts older people form a strong sense of community Hochschild calls a "sibling bond." This bond allows the residents to counteract negative stereotyping and labelling from the outside, to feel freer to be themselves and to overcome limitations related to age.

Carp's longitudinal study of applicants to Victoria Plaza (1966), a public housing high-rise apartment for the elderly in San Antonio, Texas, is a comprehensive, detailed examination of age-dense living.[178] Data indicate the favorable impact of this housing context on social, physical and psychological well-being. Summarizing their findings, Carp and Carp stated: "The move from an isolating living

environment [living in own home or apartment] to living in one rich in social opportunity, had the long-term [eight-year] effects of increased sociability and improved housing satisfaction among the majority of the movers...compared to similar persons who did not make the move."[59]

Several surveys of age-dense and/or age-mixed housing also present the positive impact of age-dense housing environments. Two most often cited describe the positive impact of age-dense housing (Teaff et al., 1978,[157] and Roscow, 1967,[55]) both focus primarily on public housing. Roscow's study of residents in apartment buildings included those in normal housing, where 15% or fewer were over 65 (N=421), concentrated housing, where 33% to 49% were over 65 (N=312), and those in high-density housing, where at least 49% were over 65. The latter group were found to have significantly higher degrees of social interaction, were more involved in social activities and had more friends. Teaff et al.'s study included older persons in public housing in 22 states (N=1,875). In comparing those in age-dense and age-mixed housing, they concluded that those in age-dense housing have significantly higher degrees of social interaction, higher levels of morale, a more positive self-image and fewer negative attitudes towards aging than those in age-mixed housing.[157]

Analyzing the many other surveys of age-dense and age-mixed housing reveals the following advantages of an age-dense environment:

1. It facilitates a high degree of social interaction, greater satisfaction from social relations and activities, and greater social contact.[55,157,179] Widows living in their own homes have fewer emotionally close friends nearby to provide such support.[51,67]
2. It promotes stronger friendship ties or companionship. Adams, in her in-depth interviews with older women in age-dense and age-mixed housing, (N=72), found "age-segregated housing seemed to enhance the development of emotionally close, local friendships," and these friendships are most helpful in providing needed support in daily life.[179]
3. It facilitates adjustment to new roles, loss of status, or downward mobility.[55]
4. It promotes community feeling, social bonds or subculture groups that reinforce positive images and offset negative effects of social stereotyping of older persons.[55,164]
5. It eliminates the fear of the negative effect of living near to younger age groups (e.g., the fear of disgracing oneself in front of younger persons by acting old), as is the stress of trying to look useful, etc.[176]
6. It better addresses physical and financial security needs of seniors.[12,58,61,76,81,154,175]

In terms of social benefits, the major advantage of age-dense housing appears to be its positive impact on social interaction. Crandell criticized the assumption that age-

mixed environments foster social interaction; on the contrary, "dispersing old people in the general community isolates them and undermines their capacity to get together."[180] Age-dense housing promotes social contact and generally increases social interaction.

Teaff et al. said, "It is unfortunate that practically all uninitiated persons' first reaction to the question [of age-dense housing] is to decry it as one further avenue to undesirable segmentation in our society."[157] They argued age-dense housing has a positive role to play in finding solutions to the problems of aging, and gerontologists especially should have an open mind concerning its value.

Yet, in spite of all these findings, few authors suggest their findings can be generalized to the older population as a whole. One exception is Teaff et al., who designed their study to have more universal applications;[157] yet even this is criticized because it only studied public housing.[49] Generally, researchers believe their findings are the exception to the rule (e.g., Hochschild[69]) or are biased in some way (e.g., Carp,[178] Lawton,[23] Hamovitch et al.[175] and Winiecke[61]).

Carp argued, "...the residents of age-specified housing tend to be different from others of their age peers and they comprise a small fraction of the older population.[58] Generalizations regarding the effects of age-segregation in living situations on life style and well-being are not warranted on the basis of this data." Carp,[58] Lawton,[49] and Hamovitch et al.[175] suggested attitudes towards senior citizen's housing are related to individual preferences for certain types of social interaction. Lawton et al. found, under normal circumstances, only a minority of older persons prefer to live near other older people.[181] His studies indicate those most likely to prefer age-dense housing are older persons with low incomes or little education, or blacks. Kaill, in his study of 465 Ontario residents, found that 45.8% of older women favoured age-segregated buildings, compared to 24.2% of older men.[170] Age-dense housing does appear to bring about a definite positive effect on the social and physical well-being of those seniors stating a preference for it.

Lawton et al.[181] criticized Roscow's[55] positive description of age-dense housing for being responsible for a decade of growth of senior citizen's housing units. Lawton suggested there could have been mitigating factors other than age composition, such as the ones he mentions above, that were responsible for generating positive results. To generalize findings based on research about age-dense housing to the larger population would be, in his opinion, a "great mistake."[151]

Another difficulty is that few studies define what they mean by age-dense housing. Lawton[37] and Carp[58] noted the need to specify the factors in age-dense housing that influence its evaluation. Both argued it is not age-density but other factors, such as

familiar surroundings, lower costs, support services and structural design, that are critical in assessing the value of housing.

Lawton,[23,147] Howell,[156] Little[22] and Carp[158] proposed that lack of information on persons who live outside age-dense housing results in an inaccurate picture of the overall housing condition of older persons. Golant suggested that the absence of consistent, informed data on those who live in their own homes has resulted in inappropriate and ineffectual housing programs and policies for the elderly.[50] Research on persons living in their own homes generally is obtained from those who have moved to senior citizen housing, who are on waiting lists for such housing, or from annual government housing surveys of persons in the community. Housing surveys generally find older persons are satisfied with their physical and social housing situations. Unfortunately, the few surveys that have been conducted have come up with little useful or descriptive information.

Alternatives

Research on the feasibility of alternative housing environments suggests there are many possible housing environments that could meet the wide variety of needs of older persons.[2,34,46,66,169,182,183] For example, there are granny flats,[184] communal living arrangements,[69,185] community or congregate housing,[77] mobile home communities,[186] or single room occupancy hotels.[187,188] Gerontologists know a lot about a small population of older persons (those in age-dense housing) but very little about the social needs of the vast majority of older persons—those who live alone or with others, in single-family homes, in apartments or in other housing contexts. As long as this situation continues, it is unlikely this great controversy will ever be resolved.

A recent report by CMHC, *Housing Choices for Older Canadians*,[182] lists the following housing options available (theoretically) to older persons in Canada: (1) staying in one's home with the help of formal and informal support networks; (2) traditional senior citizen's housing; (3) homesharing (older persons, usually with the help of the community agencies, share their housing with another older/younger person); (4) garden suites (same as granny flats); (5) accessory apartments (apartments adapted for older family members in an adult child's or other person's home); (6) flexible-use housing (apartments or housing units used to house older persons which could be used for other purposes in the future); (7) bi-family units (duplex housing or basement apartments with separate street entrances, which are shared by an older person and family); (8) congregate housing; (9) Abbeyfield concept housing (large homes housing seven to nine persons, each with its own bed-sitting room, with shared meals and housekeeping available); (10) sheltered retirement housing (popular in Britain, this housing is made up of groups of purpose-built apartments, each designed to serve varying needs of residents with the objective that the residents will never have to move again); (11) retirement

villages (housing developments of 100-200 apartments with a variety of services and recreational facilities available on-site); (12) mobile home communities; and (13) life care communities (increasingly popular in the United States, these communities use many different approaches to allow residents to pay for services and accommodations that are guaranteed for the lifetime of the resident).

The Physical Dimension

As the population grows older and the proportion of persons over 75 years of age increases, physical conditions and needs in respect to housing will become more important. This trend is already evidenced in the vast amounts of literature both on care facilities and on the concern over the effects different types of housing and relocation on the physical competence and well-being of seniors.[16,17,27,46,77,109,116,117,120,124,154,170,172,174,189,190]

To Lawton and Nahemov, aging results in reduced cognitive and physical competence, which often brings with it an 'environmental docility' among many older persons.[174] According to the Environmental Docility Theory, a greater proportion of an older person's behavior is due to environmental influences than to personal influences. Older persons are increasingly affected by the physical aspects of their immediate environment, are more likely (than younger persons) to be passive and less likely to effect changes in their environment. As in our earlier coverage of social conditions and needs, most research on physical problems has focused on age-dense housing contexts.

Most recent literature on housing for older persons suggests social gerontologists and policy analysts are increasingly concerned with home support services for the vast majority of seniors and the need to have a wider variety of housing environments and designs to meet the diverse needs of a growing older population.

Physical Security and Home Support

The primary theme of research on non-institutional housing, aside from health care, is the need for safety and security and the methods by which housing can be changed or modified to meet this need. Barresi et al., in two lengthy interviews with older widows (N=2,265), found that perceived housing security and neighborhood safety are critical to housing satisfaction and that housing satisfaction is shown to significantly affect well-being among older persons.[158]

The perceived need for security is cited as a primary reason why older people moved to age-dense housing.[12,51,58,76,81,117,146,159,191] It is also a main reason given for older persons, mainly widows, sharing housing with their children or others.[15,16,26,61,181]

As noted earlier, Lawton found that older widows with perceived health needs were most likely to seek housing with children.[23] Fengler and Danegelis found that, despite personal preferences, many older widows with perceived health problems live with a child, usually a daughter.[21] Lawton et al. suggested it is the elite among the elderly who state they have health problems yet continue to live alone.[181] Several other studies also found that older persons who live alone often move into other housing due to a need for physical security.[12,146,192]

Brody[189] and Lawton[23,147] noted many older people moved to senior citizen's housing even if they did not need physical support services because they perceived a lack of available community support services for future needs, e.g., home maintenance, homemakers, and homecare services. Winiecke, in her study of low-income elderly (N=235), found it is neither the perceived change in the quality of the physical environment nor the social characteristics of senior citizen's housing that makes it appealing to older persons, but rather its perceived security in terms of available help in emergencies and in specialized design features.[61] She also found that those most interested in senior housing are renters in commercial apartments or hotel rooms. Security of tenure was of great concern to them. Varady also found that those most interested in age-dense housing are tenants facing possible rent increases or insecurity concerning tenure.[193]

Gutman,[194] comparing persons in British Columbia over 75 years of age with those under 75, found those over 75 (N=894, 215 over 75), whom Neugarten[41] calls the old-old, have significant health problems affecting their ability to live independently. She argued older persons in subsidized housing have more health problems than those in their own homes and therefore need special design features in their housing and readily available support services. Concern about the increasing number of persons over 75 has stimulated interest in informal and formal support services. Several studies indicate the impact this support network has on physical security.[6,9,20,116,120,121,124,195,196]

Housing Contexts and Design Feature

Despite the many problems involved, Brody, among many others, suggested that maintaining older persons in their homes should be the goal of social policies and programs, but when it is not possible, then appropriate alternatives should be available.[90] Her famous study of the Philadelphia Geriatric Center is the most often cited example of a housing context that answers a wide variety of needs.[77] This community or congregate housing arrangement consists of several single detached homes surrounding the Philadelphia Geriatric facility, which offer residents a continuum of living options ranging from independent apartments with limited support services to semi-dependent bed-sitting rooms where meals and some health and maintenance services are available, to total care bed facilities. Brody and others argued that there was a tremendous need for this type of housing.[46,50,51,77,147]

Without the community support services described in this section, older persons often either can remain in their own homes with unmet needs for security and support or can move to total care facilities. Marcus warned that "Canada could earn the questionable distinction of having more of its elderly in institutions than almost any other industrialized country in the world."[197] Although it is often stated that fewer than 4% of older persons live in care facilities, Kastenbaum's often-cited study pointed out that this may be misleading because it is based on a single point in time.[198] Looking at the life histories of older people, Kastenbaum found that a significantly higher proportion of persons (up to 25%) spend some time in these facilities.

Older persons are described as being particularly sensitive to factors or changes in their physical environment.[50,199] They are most comfortable with familiar surroundings and less favorably disposed to novel or stimulating environments.[190] Optimal physical environments enable the elderly to continue established daily routines, which allow for a sense of stability and increase the probability of their maintaining physical and mental well-being.

Various factors in physical housing are described as important: style and size of furniture; design factors in kitchen and bathroom, such as handrails in bathroom, height of kitchen cupboards, etc.;[2,76,191] availability of public transportation within walking distance; proximity to needed services and amenities such as grocery stores, pharmacies, doctors' offices, etc.;[190,200] condition of stairways and/or corridors, e.g., well lit, presence of handrails, the number of steps, etc.; climate in dwelling, e.g., temperature, noise levels, etc.; and other general conditions of the dwelling.

Physical barriers in housing can inhibit older persons' ability to cope with physical and mental changes and can determine their levels of mobility which, in turn, can have an impact on their social and physical well-being.[23,26,54,117,151] Kahana[201] and Byerts et al.[90] argued that environmental demands and offerings must be congruent with the abilities and needs of the individual. They present environmental models to be used in evaluating the impact of housing contexts and neighborhoods on the physical well-being of older persons. Carp criticized these and other behavior models as implying that competence is nothing more than a pathology.[58] As noted in the Health section, these models are heavily influenced by the medical/institutional model.

To evaluate the impact of the physical housing context on physical needs and abilities, both objective and subjective measurements were used. Unfortunately, there is often a great discrepancy between what the objective indicators imply about the housing situation and what older persons themselves say. Using objective

indicators, older persons' housing is found to be in fair to poor condition and in need of minor to major repairs.[18,56,117,202,203]

A survey of 1,304 homes of persons over 65 in the United States found 42% of these homes in need of repair.[202] Montgomery et al.[204] presented census data indicating many older persons' homes do not meet minimum housing standards, and Harris and Cole[205] found up to one-third of older persons live in substandard, dilapidated housing. In the analysis of housing policy studies, the term 'overhoused' is often used; however, Lane and Teens looked at the United States annual housing survey data and found only 13% of the elderly are underutilizing their housing space, while 35% of the elderly are overutilizing it.[206]

In sharp contrast to such objective descriptions, which indicate that the housing condition of older persons is problematic, the elderly, in all surveys, report high levels of satisfaction and express few problems with their housing conditions. For example, the Montgomery et al.[204] survey of the rural elderly found 93% of all older persons and 98% of older women report they are very satisfied with their housing. Several studies attempt to explain and/or overcome this discrepancy between what the objective indicators imply about the housing situation and what older persons say.[50,56,150,153,175,204,207]

There is a lot of information on the design and operation of age-dense housing, most concerned with various structural characteristics in the dwelling and their impact on the physical and mental well-being of the residents.[182] Until recently, the input of residents was not seriously considered by those in policy and research. This is not to imply that those involved in planning and designing senior citizen housing did not ask for the opinions of residents, but their preferences were not given the priority they now seem to warrant. (See Brennan et al. for an example of the new focus on the preferences of the elderly concerning architecture and design.[208])

Despite the criticisms of senior housing by residents (e.g., units are too small and surroundings do not allow for privacy), most residents express a high degree of satisfaction with their physical surroundings, mainly for their sense of security. Monitoring, availability of support services and 'buddy' systems all offer security that often were not available in their previous residences.[51,58,117,159,189] These studies, as well as McNiven's research,[52] indicate that the perceived need for physical security is the most critical factor influencing an older person's evaluation of his/her housing arrangement.

The Financial Dimension

Although housing is generally acknowledged in the literature as both a major expense and a major asset, opinions differ as to the extent that housing costs are a financial problem for older persons. Some articles and studies in the popular media

present housing as a central reason why older persons are financially better off today than in the past.[56,202,209] Turner and Mangum, in their random sample of 1,304 persons over 55, found over half spend less than one-fifth of their income on housing, but that 16% (mainly black older persons or those living in rural areas) spend two-fifths of their income on housing.[202] Homeowners with no mortgage were least likely to have excessive housing expenses, defined as housing expenses above 40% of income. While they did not take into account sex of the householder, they did find that 22% of all single women households spent more than 40% of their income on housing and since single women in their report outnumbered men four to one, we can assume most of these households consisted of women.

Priest found older persons better housed in 1981 than they were in 1971.[210] The proportion of income spent on housing was reduced, especially for women, mainly due to increases in their incomes. The lowest incomes reported were for those sharing households with others, mainly women; the highest reported incomes were for those sharing with non-relatives. The housing was also found to be in better condition, and fewer lived in single-family dwellings than in 1971. For those over 75, there was a clear shift to apartment dwelling and to institutional (not defined) housing. An article in the *Wall Street Journal* argued, "The elderly are better off than you think."[209] Aside from pensions and medicare provisions, home ownership is given as primary indication of wealth of older Americans, with two-thirds of the older persons (mostly men) owning homes. These homes have increased substantially in value and are mortgage-free. The article does not differentiate by sex or marital status, but implies most older Americans have adequate income, are homeowners and experience few financial problems.

Rabushka and Jacobs also pointed to mortgage-free homes, fewer daily living expenses and increased pensions as primary reasons older persons should have no more of a problem with housing expenses than younger persons.[56] They acknowledge, however, that for most older persons their house is their major asset and one not easily liquidated. Their solution to housing costs is 'reverse equity', a method by which the equity in a home can be used to supplement income, a program also suggested in several other articles. Yet the equity in older persons' homes may not be as great as assumed. Struyck and Soldo,[203] using data from annual housing surveys in the United States, found 70% of older persons' homes are worth less than those of younger persons, and 25% of these homes are worth less than $15,000.[211]

Most surveys indicate housing is a considerable financial burden,[12,26,102,191,212,213] particularly for older women.[7,12,160] Allentuck found that older persons spend 25-30% of their incomes on housing.[213] For the homeowner, the major expenses are home maintenance and repair, utilities and taxes. Those who rent, particularly in urban areas, face increasingly high rental fees.

Struyck and Soldo found that: "The interrelated problems of inadequate housing, low income and poor health define the life style of an embarrassingly large segment of our older population."[203] In an earlier study (N=13,332 in a national housing survey of older persons), Struyck found older people only moderately less well off than younger persons, but it doesn't mean that housing is not a problem.[211] The elderly own homes that have structural deficiencies and are in need of major and minor repairs, which many cannot afford.

Those who rent are subject to declining neighborhood conditions, which could make the decision to invest previous dollars in one's housing seem futile or unwarranted. Lloyd and Gouldner argued that: "The decline of physical and mental capacities with advancing age prevents many older persons from making necessary repairs or performing normal housekeeping activities."[214] Low incomes often prevent them from paying to have these repairs done.

Those who rent are shown to have the greatest housing costs, and twice as many older women as older men are tenants. Three quarters of these are widows.[30] Studies indicate older tenants spend an average of 40% of their income on housing,[12,26,151] and consider financial insecurity to be equal to or greater than the need for physical security as a reason for either moving into age-dense housing[12,36,76,81,191,193] or seeking housing with children or others.[20,36,115]

As described earlier, housing problems are particularly critical for older women for several reasons related to marital status, living arrangements, health and economic status and other social-psychological factors. Of older persons in Canada who are widowed, 82% are female.[115] Since the proportion of older women to older men is expected to increase from 131:100 in 1976 to 150:100 in 2001,[6] a sizable percentage will be widows. According to Dulude, at the time of the 1971 Canadian Census two-thirds of non-married women over 65 in Canada had incomes below poverty-level incomes for rural areas even though more than 80% of them lived in urban areas.[7]

According to Canadian Census data, 72.9% of males over 65 owned homes compared to 50.1% of females over 65. Connidis and Rempel, in their study of 400 older persons in non-collective dwellings in London, Ontario found 43% of older widows and 68% of older widowers were homeowners.[148] This means older widows living alone in owned or rented housing should have a significant number of unmet housing needs and be most likely to seek alternative living arrangements or continue living under financial stress in housing that is in poor condition. However, Lawton, in a comparison of the housing conditions of non-married older women and older men concluded, "the most paradoxical finding is that older women live in housing of considerably higher quality than non-married older

men," and "despite their low income and a social role proscribing home maintenance, women alone succeed better than men in similar conditions in achieving housing quality."[36] Lawton suggested that women are both more motivated to maintain housing quality and more likely to receive help with home maintenance than are men.

Although data suggest older non-married women have a significant financial housing burden, few report financial problems with housing; the one exception is those in senior citizen housing reporting the financial problems of previous housing.[12,61,76,191] Older, non-married women also express higher levels of housing satisfaction than younger or married persons.[215]

Although statistics indicate that a significant number of older persons, mainly non-married women, are tenants in commercial apartment buildings or S.R.O.'s and spend a significant amount of their incomes on housing, little is known about them except that financial problems and/or insecurity concerning tenure were among the main reasons they moved into senior citizen's housing. For example, a Canadian study found almost 100% of applicants for senior citizen housing in New Brunswick were former tenants.[191]

Some sociologists argue that these housing problems, particularly for older women, are directly connected to their lower incomes. Until this problem is solved, few problems of older persons, including housing problems, can be alleviated significantly.[7,12,87,168,213,216-218] This is said to be especially true for older non-married women, many of whom have poverty-level incomes.

RESEARCH RESULTS

That housing is of vital concern in gerontological research is apparent from this review. The literature suggests that the relationship between the individual and his or her housing environment is complex, confusing and often contradictory.

Some of this confusion can be traced to assumptions made by researchers. Many are well founded, but many are not; some have been researched, but others have simply entered into conventional wisdom. The following assumptions are relevant to any review of housing arrangements for older persons.

- Housing is critical to the lives of older persons, a key variable affecting the social, physical and financial well-being of the elderly.
- The only valid way to study the impact of the housing context is to use observational measurements, which leads to the consensus that older persons, particularly widows, have many housing problems that negatively affect their quality of life.
- Most older people wish to remain in their 'own' homes, presumed to mean a single-family dwelling. Agnew, *in Housing and Identity*, noted, "The American

language of 'house' and 'home' seems to exclude apartments and flats from the designation of 'home'.[72] An emotionally powerful word is thus used in everyday speech as a synonym for the owned single-family home." While the elderly have strong attachments to their homes, this attachment is for single-family homes not to senior citizen housing.

- Older people strongly wish to live independently, which means living alone in a single-family home. Living dependently means living with others or in senior citizen housing. Underlying this assumption is the implication that most older persons live either in a single-family dwelling alone (single or as a couple) or in senior citizen's housing. Moving to senior citizen's housing is seen as an exchange of independence for physical security, implying that those in senior housing are not independent but do have physical security. Most older persons do not wish to move to senior citizen's housing except as a last resort. It is also assumed many older persons 'are put away' into such housing by their families against their wills.
- Many older persons, particularly widows, are socially isolated, abandoned by their families and lonely. Those in senior citizen's housing are often assumed to be less 'integrated' into society that those in their own homes and lonelier, although research indicates that those in such housing seem more socially involved than those outside.
- The physical and financial burden of housing often forces older widows to sell their homes and move into situations they do not really desire. Underlying this assumption is the belief that older women living alone cannot maintain their homes, so their homes fall into disrepair and they are forced to sell.

Transportation and Technology

TRANSPORTATION—AN INTRODUCTION

Several studies indicate that transportation is a key to the quality of daily life as one gets older, influencing both the degree of social interaction and access to such necessary services as health care. In fact, Harris, in an often-cited study of older Americans, described transportation problems as the third most central difficulty facing the elderly, behind problems related to income and health.[12] Yet, little research has been done on transportation as it affects the elderly.

Older persons' dependency on transportation increases as ownership and use of automobiles decline. While 60% of married couples own or drive automobiles, only 18% on non-married persons do, and most of that group are widows.[30] Perceived physical limitations, increasing physical disabilities (particularly poor eyesight and arthritis), increasing costs of insurance and related items, plus the increasing numbers of cars on city streets partly explain why fewer older persons are owning and driving cars. Also, many of today's older women never learned to drive, so when widowed become dependent on others or on public transportation.

THE NEED FOR PUBLIC TRANSPORTATION

Accessible, affordable, suitable public transportation for older persons is clearly a 'need'. Carp and Carp found a 'bus stop' to be the most critical of needed perceived services and facilities in a neighborhood, as shown in the following graph:[200]

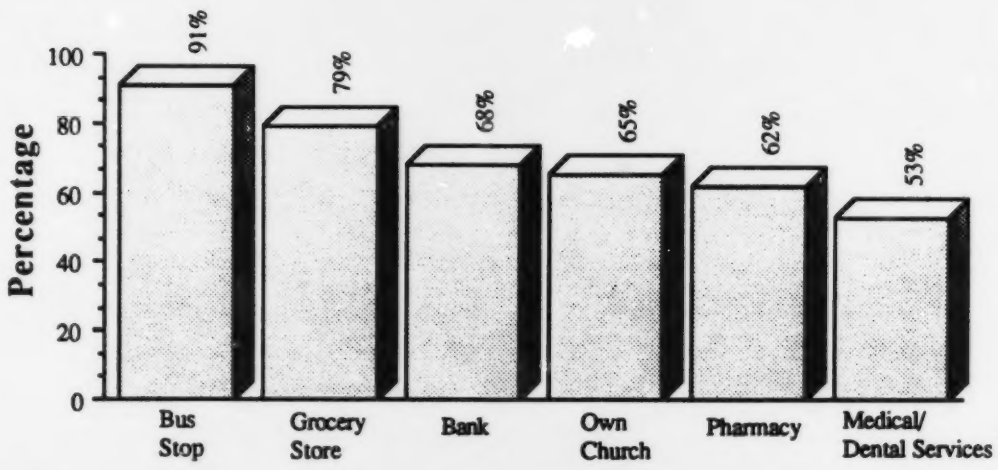

Figure 1. Seniors' Perceived Needs for Services/Facilities Within Walking Distance of their Residence

While the percentage of seniors using public transport is low relative to total use, they use it frequently. Researchers believe more would use the system if reduced

fares for seniors were more widespread, scheduling were more suitable and reliable, and buses were designed with seniors in mind. High steps, narrow doors, inadequate grab-rails and lighting, and no public address system to announce stops are some design elements of the typical bus that make it difficult or impossible for seniors to use.[29] The way buses are driven and the delivery of related services, such as snowplowing, also can be deterrents, regardless of bus design.

Several alternatives to public transportation are documented in the literature, such as that provided by volunteer/community groups, Dial-a-Ride and Helping Wheels,[221] and the limited number of subsidized taxi services, such as that in Ann Arbor, Michigan.

Research has often overlooked the importance of accessible transportation, but clearly it is "the link that makes possible the goal of community living for the elderly...it is conducive to an individual's dignity."[29] Gross et al. argued that "without mobility, the elderly often abandon the idea of visiting friends, relatives and senior centers or engaging in other activities."[221]

TRANSPORTATION AND HEALTH

Streib sees access to transportation as key to the success of a comprehensive home care system.[46] Available, appropriate transportation has been stated or implied to be directly related to general levels of health in old age, but actual data on this relationship could not be found.

Whether the situation will improve or worsen is debatable. On the one hand, more women are driving now and, with their increasing incomes, may be more able to afford automobiles in future. On the other hand, there seems to be pressure on public transportation to decrease its services and increase its prices, which may adversely affect those who rely on it. Whatever the forecast, more transportation research, both academic and public, is needed.

TECHNOLOGY—AN INTRODUCTION

Little direct study of technology and aging has been done outside of medical research: however, a literature survey reveals that technology profoundly influences the quality of life of seniors and will even more in the 21st century. From delivering health and social services to enabling the elderly to cope with everyday events, technology may revolutionize the lives of older persons.

TECHNOLOGY AND HEALTH CARE

The many contributions of technology to medical science cannot be covered in detail in this review; briefly, however, medical journals and the media describe technology's role in prolonging life and, to a lesser degree, in enhancing it. Pacemakers, organ transplants, apparatuses that assist people to walk and move, adaptable clothing, diagnostic instruments such as CAT-Scanners, and other medical miracles happen almost more frequently than they can be documented.

How technology will affect health care is described by the Hudson Institute's *Workforce 2000* study of the future.[42] Older patients "might enter a clinic and identify [themselves] with an electronic card containing [their] complete computerized medical history and automatic billing information. After responding to a series of questions posed by a computer, [they] would submit to a series of self-administered, non-invasive tests, and perhaps others based on cheap magnetic scanning devices. Finally, [they] might receive preliminary diagnosis and be issued an unsigned prescription for medication. Only when this automated process was complete, would [they] see a nurse or a doctor. Routine treatment might be cheaper, less time-consuming, more private, and more effective than those offered in today's clinics and doctor's offices."

This study also suggests that nursing homes and other institutions may be automated by robotics, machine vision and artificial intelligence to help people walk, or read books and newspapers. These "assistants' will not be thought of as threatening or impersonal robots, but as personal tools capable of enhancing the diminished capabilities of nursing home residents.[42]

TECHNOLOGY AND THE NEED FOR SECURITY

Physical security is now the number one stated need in research. 'Security' means that someone will be available not only in case of illness or accident, but also in case of a crime or fire. A few years ago, only those living with others or in specialized housing had that 24-hour assurance; however, technology is now influencing older persons' perception of coping with everyday life by enabling all older persons to have a greater security. Lifeline and Alliance are two new security systems first made popular in Scandinavia. Lifeline is an emergency in-home alert system available throughout North America, including Halifax, and is often run by community hospitals in the United States or by volunteer agencies, such as the Lutheran Welfare Society in Calgary or Northwood Center in Halifax. A 'subscriber', usually for a fee, is given a radio transmitter to wear on a chain around the neck or on the wrist. One push of the button signals a special communication device attached to the person's telephone, which, in turn, alerts the care center or hospital where the subscriber's number appears immediately on the screen. The subscriber is then telephoned: if there is no answer, a neighbor or other 'responder' is called to check on the person and then calls the center, if necessary.

Alliance (also available in Halifax), run by the private sector, operates similarly but includes four buttons, one connected to a fire station or hospital emergency room, the others to neighbors, relatives or friends.

Originally designed to deal with crises and save lives, these systems now give the extra 'peace of mind' that may determine whether a person can remain at home. Often it is the perceived fear of problems, especially for those living alone, that determines the decision to move, rather than an actual event or catastrophe.[23,49,61,90,154]

TECHNOLOGY AND SUPPORT SERVICES

Computerized systems in hospitals, pharmacies and community health clinics also can significantly affect the quality and quantity of services. Computerized information on drug dosage, medical records and family contacts can help both social and medical professionals give seniors appropriate care.

Computerized Benefits Eligibility Check-Up, described in *Business Week* (April 11, 1988) is a software package that helps social workers determine which benefits, ranging from property tax relief to utilities discounts, are available to an applicant. Given the person's vital statistics, such as financial and medical information, the computer lists available options and how to obtain them. With a lap-top computer, a person could provide the information during a personal visit.

TECHNOLOGY—SOME UNRESOLVED ISSUES

Computerized information systems, improved transportation systems, better communications and many other advances in technology can, theoretically, improve life as one ages. Often perceived as threatening by older persons, technology now appears to be the 'light at the end of the tunnel' for finding solutions to many difficult problems associated with aging, such as providing security for those who wish to remain independent. A possible negative effect is that technology might lead to isolation. Services now involving human contact may be delivered through impersonal means. This would be an improvement for some older persons; however, for those whose only recurring contacts are their doctor, nurse, pharmacist or social services worker, this could be a move toward isolation and loneliness. Also still to be researched are the differential access to some new technologies and the ethical or humane use of others.

Education and Leisure

EDUCATION—AN INTRODUCTION

According to McPherson, "Education has become increasingly a salient leisure pursuit." And, "The pursuit of leisure often requires a strong element of education."[2] From the literature, it is clear that these two areas are interrelated and also need to be redefined. Rapid social and technological changes in society have made previous definitions irrelevant and misleading. McPherson proposed that a linear life cycle of play, education, work and leisure (in retirement) is no longer the norm. Instead, some form of leisure (and education) is integrated into all stages of contemporary life including work. Therefore, redefining education and leisure in relation to changes, both in society as a whole and in different cohorts as they age, is a central research theme.

EDUCATION ISSUES

Emile Durkheim, the famous French educator, said education teaches children to become adults and prepares young persons for special jobs.[34] This definition of education continues to be the underlying reason for perpetuating the myth that education equals that which is performed in formal institutions—from primary to university. This definition is also reflected in the assumption that education must be for a purpose, an investment that must or should result in material rewards. Or, as Myles and Boyd stated, "education is expected to reap rewards for society."[222] The facts are that half the money spent on education (in the public and private sectors) is not spent on formal education but on education in the community, in industry, and through a myriad of other settings and auspices. Therefore, although society has not yet become wholly conscious that education needs redefinition, new approaches in the field, such as life-long learning and continuous education, are making it more obvious.

The literature on educational gerontology makes it clear that older persons do not fit into the traditional and limited definition of education, and suggests many reasons why. The first, as suggested by Myles and Boyd, is that "education is expected to reap rewards for society, and since society cannot expect this kind of return on its investment when it educates older persons, education for seniors receives almost no financial support from governments or schools."[222]

In addition to revealing the assumption that older persons are not expected to want or need certification or the other benefits of an education, a literature review exposes two other reasons why life-long learning, though an accepted ideal, is not a reality: until recently it was assumed that older persons cannot learn like others, mainly because of memory problems; and even if memory were not a problem, it was assumed that older persons were not really motivated to learn—a conclusion

drawn from their lower numbers in educational institutions despite their larger amount of leisure time.

These three assumptions, then, translate into four questions: (1) Why should old people learn (education for what?)? (2) Can old people learn (with memory problems and other aging difficulties)? (3) Do old people really want to learn (or is this just an assumption of well-educated middle aged adults)? (4) If there are problems with adult or life-long education, why do they exist and what can be done to address them?

WHY EDUCATION FOR OLDER PERSONS

Several studies describe the many reasons why older persons and gerontologists/geriatricians feel education is an important factor in 'successful aging'. Brody argued there are many benefits to providing educational opportunities for older persons, both for them and for society.[223] In her study on the effects of elderhostel programs, she found education provides mental stimulation and helps keep older persons aware of current events and the critical issues in society. It also helps older persons cope with the increasing complexity of society (e.g., computers and changes in health care system) and to develop new skills. Several clinical studies suggest that education also helps maintain intellectual ability and general psychological well-being.[2,34,224,225]

Buchanan reflected a common belief about the benefits of education to older persons: "Education can be vital to giving a new sense of meaning and purpose to the lives of older persons. While some take it for enrichment, others take it to learn how to cope over-all with the aging process."[226]

BIOLOGICAL FACTORS AFFECTING LEARNING

Clinical or other research on 'memory and learning' in old age seems to dominate the literature on education for older persons. Again, this may reflect the medical model that until recently appeared to be the primary conceptual framework for research in gerontology. This literature is complex and contradictory, but the general consensus in the oft-cited United States Task Force on Aging is that "the underestimation of the intellectual functioning of the elderly was due to factors such as lowered motivation and social isolation, not to intellectual deterioration."[227] Most recent research presents evidence that a progressive decline in memory with aging is neither inevitable nor irreversible if it does occur.[228-231]

Individual, cultural, psychological, emotional and other factors also influence memory and learning. Shaie and Geiwitz argued that "Late life changes in memory may not necessarily reflect normal decline in the nervous system's capability for processing."[225] They described the three memory systems—sensory storage, short-term and long-term storage—indicating that while all are affected somewhat, there

appears to be no significant effect on overall memory or learning. Minor effects, such as immediate recall and changes in speech patterns, are not considered to affect learning. These studies and others strongly suggest that much more research needs to be done before making any definitive statement on the relationship between memory and learning in old age. They state it is not possible to separate learning from memory, but that does not mean the traditional assumptions concerning memory loss by older adults and the consequent negative affect on learning should be tolerated. Further research is needed on the differences related to age cohorts, education, and role definitions or expectations.

MOTIVATION TO LEARN

In addition to the popular assumption that older persons *cannot* learn is the assumption that they really do not *want* to learn. In fact, the literature shows that universities and other educational facilities are very receptive to older learners, offering special courses and usually waiving tuition fees. It implies that if older persons do not attend, despite their obvious 'free time', because of general disinterest.

Several studies severely criticized this assumption, suggesting the problems lie within the educational system and/or public bureaucracy, not with older persons. Myles found tuition waivers do little to attract older persons to campuses.[1] Instead, he presented several reasons why older persons appear reluctant to participate in traditional education programs, including the atmosphere in universities as a whole; they perceive the social and the physical environment as unsuitable or uncomfortable. However, when the environment and the structure of the university is designed or modified for older learners, as at the University of British Columbia and the University of Manitoba, the response rate is significantly higher. As he states, "failure of traditional efforts to integrate older persons successfully is not evident just in educational institutions. Rather the failure of educational institutions is but one example of the failure of organizations to meet the needs, abilities and expectations of older persons." According to Myles, "There are few resources available for education for its own sake in Canada."[1]

Other studies describe factors in the social or physical environment of most educational systems that inhibit participation by older learners. The timing, location and structure of the course, as well as teaching techniques (based on traditional guidelines), are often inappropriate for the older learner. As some of these studies indicate, older persons may process and retrieve information differently, and most classroom procedures and teaching techniques do not accommodate these differences. Older persons should not be treated like 'old children' (as they often are in universities), but rather their special needs should be recognized. Problems with noise, inadequate lighting, differences in comprehending assignments, etc. must be understood. Older persons may appear

disinterested because of anxiety or cautiousness, or because the material or information is perceived to be silly or irrelevant.[225]

More recent research has focused on those techniques that enhance the learning experiences for the older person.[2,230,232,233] It suggests that older persons decode and organize information differently, and often the perceived difference between their learning processes and those of younger classmates makes them feel anxious and uncomfortable. Anticipation of learning difficulties may be perceived as lack of motivation to participate in courses and classroom discussions. New teaching approaches and learning techniques that would help the older person and the educator improve this situation are needed. Speaking to these new techniques, Ogle suggested that factors such as keeping out distracting noises, keeping lessons simple and direct, giving a frame of reference for new materials, and repeating materials for familiarity would improve the learning situation for older persons.[224]

Brody, among others, suggested the elderhostel program presents a new approach to learning that could be used in developing adult/older education programs.[223] This program, which began in New Hampshire in 1975 and spread to various parts of the world, combines leisure and educational activities over a one-week period in various parts of the world. By 1981 the program had expanded 80% and continues to be so successful that hundreds of potential 'students' have to be turned away each year due to lack of space. Brody suggested that the success of the elderhostel educational format, in which people learn for the sake of learning, clearly supports the contention that new approaches in providing life-long education can work if they take into account the interests, perceptions and abilities of the older learner.

OVERCOMING EDUCATION PROBLEMS FOR OLDER LEARNERS

As suggested above, older learners have specific needs and abilities that have not been considered in developing and implementing educational programs. As Buchanan noted in his study of older learners, "People over 65 are a distinct subgroup in terms of educational needs and interests. There is a wider gap between younger and older learners than between rich and poor, men and women, black and white, or urban and rural learners."[226] Myles stated, "An education system organized for senior adults would require dramatically different educational forms and content than that which faculty have traditionally provided."[1] As McDaniel suggested, "In every community there must be stronger efforts at consciousness raising, coordination of efforts and education of the community itself on the educational needs of the older citizens." Education, he suggested, must be considered a primary leisure activity, and there must be education (pre-retirement courses) to prepare for leisure time. So, they are interrelated—education for leisure and education as leisure.[234]

While we claim to no longer accept the assumption that older persons cannot learn, the educational system has yet to overcome or modify its traditional approaches to meeting the educational needs and expectations of the growing number of older persons.

The literature strongly predicts that changes in the educational system will be made as future cohorts of older persons make new demands on it. As Novak pointed out, the educational levels of age-cohorts are increasing significantly: in 1981, 24% of older persons, 39% of these 45-65, and 64% of those 22-24 had at least a high school education.[34] Future cohorts are expected to be far more comfortable with the concept of life-long learning. In addition, the impact that rapid social and technological changes are having on the workplace may mean that education, re-education, training and re-training will become common phenomena, revolutionizing the system of education and establishing a legitimate place for life-long, continuing adult education.

In summary, problems with providing an appropriate educational system for an aging population will only be solved by basic changes in the educational system itself. As pointed out by Maggie Kuhn, "Most organizations try to adjust older persons to the system; the system is what needs changing."[235]

LEISURE—AN INTRODUCTION

Two themes are common in the literature on leisure and the elderly: the elderly are a heterogeneous population, and it is difficult to define the term 'leisure'. In recent years, textbooks and journals have increasingly focused attention on leisure as a major area of interest for the general population. Several journals are exclusively devoted to various aspects of leisure, each with articles devoted to older persons and leisure time activities. Examples include the *Journal of Leisure Research, Research Quarterly for Exercise and Sport, Society* and *Leisure* and *Leisure Sciences*. Also, several books have been published on aging and leisure.[236-240]

Most research focuses on the types of leisure activities seniors are involved in and the extent of their participation in them. Generally, research shows that as one ages, participation in all types of leisure activities declines; however, there are two problems with present evaluation efforts. First, the result depends on how leisure is defined. Second, this is considered the pattern for most older persons over time. (A discussion on defining leisure will follow.) Suffice it to say that assuming decreased participation without doing longitudinal studies of specific age-cohorts may lead to biased findings. There are few longitudinal studies; therefore, it is not clear if those who were participators or joiners in earlier stages experience the same degree of decrease in participation as those who were non-participators or non-joiners.

DEFINING LEISURE

Almost all studies indicate that it is difficult to define leisure. Although there is no consensus on what constitutes leisure activities, most research appears to adopt three general categories: (1) Inside the home/low action activities; (2) Outside the home/low action activities; and, (3) Outside the home/high action activities.[4] Using these categories, present research indicates that most older persons participate most in the first category and least in the third category. Television watching seems to decrease slightly after age 65 (although some studies indicate it increases), as does reading, but participation outside the home, either as a participant or as a spectator, decreases slightly as one ages. Despite these findings, 37% of persons over 65 state they engage in some exercise.[3]

FACTORS AFFECTING PARTICIPATION OF SENIORS

Many studies attempt to explain why participation in leisure activities decrease as one ages. Lack of opportunities, physical or mental constraints that come with the aging process, lack of transportation, lack of access to information concerning various leisure activities, early socialization experiences and discrimination against older peoples' involvement in leisure activities are some of the reasons cited in research. One interesting explanation for the decrease in leisure activities as one ages is that the present cohort of older persons was socialized to believe in the 'work ethic' and had little time for leisure activities. In other words, this cohort is not comfortable with or used to the idea of leisure for its sake. It is suggested that future cohorts, especially those of the 'baby boom era' will participate to a far greater degree in 'outside the home' activities.[2,34] In addition to their interest in physical fitness, future cohorts may have more financial security, better health and a higher level of education, which will allow them to maintain their involvement in leisure activities beyond 65.

Although academic research attempts to define and categorize seniors' leisure activities, older people themselves vary greatly in how they define it, as is evident from various newsletters of seniors' organizations. Some seniors see television as a leisure activity, while others see it as 'merely a way to pass the day' or to 'not feel so alone'. Some seniors view visiting with neighbors as their main leisure activity, while others do not define it as part of everyday life. Some seniors describe education as a leisure pursuit, while others see it as 'work' or a means to get a part-time job or degree. As one older person said during this review, "It all depends on what they say they do with their free time, that's what most call leisure." To quote from *Aging: Shifting the Emphasis*, "Leisure patterns of the elderly are as heterogeneous as the elderly themselves; therefore chronological age is a weak predictor of leisure interests or behavior."[29]

Research describes the many types of leisure activities in which older persons say they are involved, and most of this information is based on Canadian census data or

national surveys. The McPherson and Kozlik study is based on the 1976 Culture Statistics/Recreational Statistics from Statistics Canada and the famous Harris Poll of Older Americans (1978), which generated several studies.

As stated earlier, most older persons report spending time watching television, reading or socializing in their homes, rather than participating in recreational, cultural or educational activities outside the home. But researchers appear to perceive these findings as a problem. They argue that if various barriers or impediments were removed, older persons would be able to participate in more activities outside the home. The following factors have been identified as hindering seniors' participation—weather, health problems, their housing and/or living arrangements, access to transportation, degree of awareness of potential activities, financial problems and the quality of the neighborhood. Whether these factors actually inhibit participation of present cohorts is not clear from the research, but it strongly suggests that future cohorts will expect to participate more in outside activities, and these factors mentioned above may be more critical for them.

Transportation and location of housing are directly related to social involvement. Those in age-dense housing or in urban centers are more likely to be involved socially than those either in their own homes, particularly apartments, or in rural areas.

Leisure Studies

The following areas of interest appear to dominate leisure studies: **the question of the relationship between work and leisure, the relationship between education and leisure, the participation of older persons as volunteers, and the question of the degree of political participation and 'age-group consciousness' of present and future cohorts.** There is also a lot of interest in presenting information on leisure programs for the elderly.[93,241,242]

Before 65 the major role is assumed to be 'work'; after 65, the major role is considered to be leisure. But some argue that this dividing line creates many difficulties. According to Novak, the present model of leisure does not fit retirement today.[34] Until leisure is conceptualized as more than 'non-work' and as a legitimate, meaningful activity/role throughout one's life, there will be problems adapting to that state of life where there is more 'free time'.

McPherson reviewed the literature on work and leisure and described studies in which occupation, class, education, gender and cultural factors influence the relationship between the two.[2] Generally such research since 1960 focuses on the way different occupations and work environments are related to different types of leisure involvement, both before and after retirement. McPherson sums it up in this way: "The nature of the work and the amount of power and involvement associated

with the job, rather than its prestige, determine the form and frequency of leisure involvement."[2] Lifetime leisure patterns spill over into retirement. The same holds for other occupations that are non-paid work, such as homemaking and volunteering, although the literature does not specify the relationship between these roles and leisure activities. Life-long patterns are the best predictors of leisure patterns in late life.

Unfortunately, says McPherson, the quality of leisure life is not measured in research; the emphasis is on quantity only. Considering that watching television, reading and visiting with friends are reported as the most frequently reported leisure activities, the quality of these activities should be examined as leisure pursuits. In the United States, television programming and popular literature have already begun to react to the importance older persons place on the media. Programs such as *Modern Maturity* and *Over-Easy* are seen nation-wide, and the magazine *Modern Maturity* has a wide circulation. *Lears*, a new 'glossy' magazine aimed exclusively at women over forty, is rapidly increasing its circulation. Community service and volunteer organizations are also responding to the great importance older persons place on socializing by providing transportation to facilitate socializing with relatives and friends, and friendly visitor programs for those who do not have someone with whom to socialize.

Research also indicates that participation in seniors' centers, in volunteer groups and senior activist groups is related to age, health, gender, education and opportunity. Volunteerism seems to peak for the ten years previous to retirement, and women are more likely than men to be involved beyond retirement age.[243] Those seniors who visit seniors' centers are most likely to be women in good health who have access to transportation and have been 'joiners' all their lives. Others go for specific functions or programs during certain periods of their lives. One's attachment to neighborhood or community also positively influences participation in local seniors' centers. Most recent research in the United States indicates that attendance at these centers has fallen off, perhaps because they have fulfilled their purpose for those participating in recent years, or because the older population is aging.[3,34,244,245]

Programs and organizations that exist to facilitate leisure activities for seniors are also covered in the literature. New Horizons in Canada is a good example of a program that has helped the formation of hundreds of seniors activity centres and clubs and enabled many seniors to participate in leisure activities. Agencies such as the Creative Retirement Educational Centre in Manitoba help people use their retirement creatively. At the center, retirement is used for self-discovery, to retrain for new careers and to become involved in volunteer organizations.

Many studies focus on the leisure patterns of other persons but appear to have generated confusing and contradictory findings. According to their definition of leisure, older persons seem to participate less and less with time. The question remains, do they participate less in activities which they find enjoyable and, if so, why? One concrete finding is that throughout life some people are 'joiners' and some are not. It appears most research in academic and public policy is focused on improving the lives of the 'joiners' and increasing their number. It could be that middle-aged researchers covet 'free time' and cannot understand why older persons do not use it as they themselves would. There is also the assumption that any activity in the home isolates an already 'lonely' population and should not be tolerated or ignored. Again, as with all preceding issues of concern in aging research, it is important to begin with the perceptions and stated needs or desires of the older persons. Methods used to assess these perceptions and needs may significantly affect what is defined as leisure. Census data and surveys may indicate what is known about the quantity of leisure activities, but they do not get to the important questions for policy, such as seniors' perceived satisfaction with the quality and quantity of leisure activities.

In addition to identifying the desired leisure activities of older persons, it is also important to disseminate information on leisure activities, such as travel discounts, etc., and identify and remove barriers to participation in desired activities, the main one being lack of access to transportation.

Whether there is a growing 'age-group' consciousness and whether it will lead to more involvement with activist/advocacy organizations by the elderly is subject to some debate. Some writers in the field of aging suggest that the growing population of older persons, together with changes in their incomes, health and educational levels, will lead to more cohesiveness among older persons and this, in turn, will translate into a stronger political force among seniors in future.[39,164,246,247] Increasingly, seniors may use their leisure time and expertise to influence society to respond to their interests and concerns.

Another area of interest is the emergence of programs and services that encourage or assist older persons in their leisure pursuits. Averyt, in *Successful Aging*, her resource book for older persons and their families, described the resources available to older persons in the United States who wish to travel.[242] She listed addresses of organizations that offer travel discounts or assistance, and pamphlets or books that help the older and/or disabled person. Organizations such as the American Association of Retired Persons offers its members (including Canadians) lodging and travel discounts. In many countries, train, bus and airlines offer senior discounts. The problem is that few countries disseminate the information as well as the United States, through its nation-wide television programs, magazines and books.

Other countries also offer information and assistance to older travelers. The state of Victoria in Australia offers a once-a-year free return trip anywhere in Victoria and other concession certificates that can be used for travel.

In summary, interest in the academic and public policy research that examines the leisure patterns of older persons is growing. With changing work patterns, presumably there will be increasing time for leisure, before and after retirement. Almost twenty years ago, Linder, in *The Harried Leisure Class*, predicted that with affluence comes less leisure time, and this would mean that middle/upper-middle classes would have less free-time in future.[248] Recent articles in the popular media appear to corroborate this prediction. The general impression is that the poor, and now the more affluent classes, enjoy no more time for leisure than the present generation of older persons enjoyed. Whether this trend will continue is uncertain, but it is obvious that predicting future leisure patterns is going to be very difficult.

Retirement, Work, and the Economic Status of the Elderly

INTRODUCTION

When Bismark came up with the idea of retirement over 100 years ago, he could not have foreseen that it would become such a controversial issue because few made it to age 65 then. Today it is a primary area of research and a source of continual controversy. Retirement, McPherson contended, is a major social and economic phenomenon that has to be studied at many levels. "Retirement is a social invention found in most industrial countries...a social process and a social institution related to the work history of the individual and the labour force needs of society; to the economic status of the individual and the state; to the health status of the individual and the health care services provided by public and private sectors; to the type and degree of support provided by society and social norms; to individual decisions about when to retire; and to public-sector and private-sector retirement policies."[2] This quote sums up all the main issues involved in the literature on retirement.

This review will look primarily at the impact of retirement on the present and future economic status of the elderly and, to some extent, at the impact of income on the social/physical/psychological well-being of the elderly. Generally, three themes on retirement appear in the literature: (1) the social, economic, and psychological/physical impact of retirement on the lives of older persons; (2) the rationale for, and value of, mandatory retirement versus voluntary retirement; and (3) the present and future economic status on the elderly. All three themes are related to retirement either as an institution or as a stage or process.

IMPACT ON PHYSICAL AND EMOTIONAL WELL-BEING

The early literature assumed, usually without verification, that retirement is a traumatic event, critically influencing the quality of life of the older person. Almost all this literature assumed retirement was a male issue or problem and equated the trauma of retirement for men with that of widowhood for women. Until recently, few studies focused on the impact of retirement on women.[249-253]

More recent research indicates that most older persons react positively to retirement, with 70-90% reporting few problems.[2] These studies describe how most older persons adjust to 'new roles' in retirement with relative ease.[169,254-258] Even disruptions in family lifestyle caused by men entering what is traditionally perceived to be 'women's sphere of influence', the home, are eventually negotiated or worked out.[259-261] After some initial adjustments during the 'honeymoon period', most couples adjust.[262]

Numerous 'how to' books suggest ways of solving the problems of retirement—financial, social and emotional/physical—and it's this abundance of information that suggests that it is more of a perceived problem than research would have us believe.

Research data indicate that the major problems are not emotional or interpersonal adjustment, but rather the decline in health and income,[2,7,12,34,213,249,263] and the degree to which each is related to retirement is the subject of many studies. Larson argued that low income and health problems account for the lack of meaningfulness or satisfaction with life, not retirement with its supposed loss of status and role;[263] however, it would be difficult to dissociate retirement from lower economic status which, in turn, is associated with loss of morale and health-related problems. The studies showing that retirement is not objectively or subjectively as problematic as previously thought, also generally recognize that 'retirement years' can be a stage of illness or disability when the individual becomes dependent on others. Overall, as noted by Baum and Baum, retirement can be a time of loss and abandonment or a period of liberation.[264] The view varies within and between societies and periods of history and depends on personal differences, social norms, social policies and the experiences of different age cohorts.

Studies relating retirement to survival rates or general health conditions are conflicting and ambiguous. For example, Holloway and Youngblood carried out a major comprehensive study on two groups of retirees.[265] A regression analysis was used with controls for age, sex, job status and type of work. The findings indicated significant differences between the two groups—one survived an average of 6 1/2 years after retirement, while the other group survived for 19 years. The most significant variables appeared to be 'work satisfaction' and 'general happiness', and the authors argued their findings pointed to the importance of career counseling, pre-retirement courses, counseling and preventive health-care programs in the work place.

Another study, by Hayes et al., found that retirement appears to have a negative impact on health, and may, in fact, accelerate death, while cautioning that pre-retirement health may be the most significant determining variable.[266] These findings are supported in studies by Novak.[34] Research also suggests that people often retire because of health; for example, a Canadian study of retirement finds 34% of men and 38% of retired women reported poor health as the single most important reason for retiring. The literature seems to suggest, then, that retirement does not *cause* poor health, but that health levels are a significant predictor of retirement decisions. The other main predictor is perceived economic security. While retirement may be *associated* with emotional, social and health difficulties, the consensus is that the association is 'spurious' and not causal.

MANDATORY VERSUS VOLUNTARY RETIREMENT

Behind the debate on mandatory retirement are certain underlying questions. Do people really want to retire at 65? Does society 'need' people to retire at 65? According to Novak, "Given the chance, some people want to keep on working after 65. Since the turn of the century, however, more and more people each year have retired. In 1921, for instance, 33% of Canada's older people worked for pay. By 1976 this figure had dropped to 12%. Some retire because their companies or union contracts forced them to, but today only 29% of men say they left work because they had to...70% of workers would have left work even if they could have stayed on."[34]

Most studies opposed to mandatory retirement are not based on data but on assumption, many of which are both deeply embedded in North American ideology and difficult to analyze. Some of the reasons given in opposition are basically a defense of the 'value' of older workers and include the following:

1. Older persons, contrary to the prevailing myth, work as hard and as consistently as younger workers; in fact, it is argued, "...older workers' output increases with age."[34]
2. Older workers have fewer rather than more accidents in the workplace.[267]
3. Older workers only become 'outdated' because they lack retraining, but most are willing to learn new skills if the opportunity is presented to them.

Other reasons for opposing mandatory retirement are legal, economic, philosophical and sociological. McPherson summarized the arguments given about mandatory retirements:

1. It is discriminatory and violates human rights.
2. It forces an experienced and skillful worker out of the labour force, and society is the loser.
3. It increases the national debt because most of those beyond the mandatory retirement age must be supported by social security payments.
4. It contributes to alienation, isolation and dissatisfaction of the elderly.
5. It may be inappropriate because chronological age is an inaccurate predictor of work capabilities in later years.[2]

The Harris Poll of Older Americans (1978) is the study most often cited to 'prove' older persons are opposed to mandatory retirement. Its data show 90% of older Americans opposed to 'compulsory retirement'.

McPherson also summarized the arguments supporting mandatory retirement (at 65):[2]

1. Without reliable tests for competency, there has to be a system for all persons to be treated equally with respect to their exit from the workforce.
2. Older workers are protected from being forced out of the workplace before 65.

3. Mandatory retirement is a major mechanism for promoting mobility within the labour force since middle-aged workers can be promoted and younger workers can enter it.
4. Mandatory retirement at 65 provides stability in pension systems because the demand for increased payments in any given year can be predicted more accurately.
5. Finally, Novak[34] and Marshall[3] say that most older persons wish to retire at 65 if their financial situation allows it, and the mandatory law gives them an excuse to leave when the 'social norms and expectations' suggest they should continue to work.

Like the literature on housing, the literature on mandatory retirement is far from unanimous. Although few state outright they think mandatory retirement is a good idea and some surveys suggest older persons are opposed to it, the data indicate many older persons prefer retiring at 65 or earlier.

Finally, some researchers suggest many of the studies/polls on mandatory retirement are biased and do not reflect the opinions of most Canadian workers.[3,268,269] For example, the Harris Poll asked, "Should a person be forced to retire because of age if he [note he] wants to continue working and is still able to do a good job?" With such value-laden questions, Orbach[268] and Marshall[3] asked whether it is any wonder most older persons state they are opposed to mandatory retirement.

As with the housing research quoted earlier, many of the conflicts and contradictions in findings may be due to long-standing assumptions or ideological biases of society. For example, like the words senior citizen's housing/institution, the word mandatory, is so value-laden it is almost impossible for most people to relate to it objectively. A Canadian survey that asked, "Do you agree that a compulsory retirement age is a good idea?", found strong agreement from 39% of retired men and 30% of retired women.[269] This survey also found that persons 55 and over, in the work force, were even more in favor of mandatory retirement, with 46% of men and 37% of women supporting compulsory retirement.

Other underlying factors affect the evaluation of retirement issues. Various theoretical frameworks are reflected in the assumptions and arguments given in the mandatory versus voluntary retirement debate. One of the most hated theories of gerontology, "The Disengagement Theory," proposes that older persons must prepare for a universal, inevitable and mutually beneficial process of disengagement.[270] The process benefits both the individual, by allowing him or her to prepare for the inevitability of death, and society, because it allows it to replenish itself. This theory is clearly reflected in the ideology behind mandatory retirement, which supposedly helps the older person and society at the same time. The other

theories often cited and very popular are the Activity Theory[271,272] and the Continuity Theory,[155] which propose that older persons should maintain the activity patterns and interests of middle age as long as possible, and that older persons must remain true to their personality and dispositions, which have developed over a life-time of socialization. Both theories imply that one must either remain working as long as possible or, at the very least, have full choice.

Another assumption made by those who oppose mandatory retirement is that a person's identity (for men at least) is closely tied to his/her job because most people have life-long careers. Retirement, it is argued, shakes the entire identity of the person and should not be forced on people until they are ready for it psychologically and socially—until they have mentally adjusted or made the necessary role changes. This assumption may be questionable in light of changes in the workplace in recent years. Many persons have a succession of jobs, so the question might be, which one do they identify with, if any?

Another assumption is that leaving a job is the same as leaving a career. Studies show many persons continue career interests long after they 'officially' retire, especially in the professions, e.g., professors, doctors and accountants, and in skilled jobs, e.g., carpenters and electricians.

Research assumptions often do not take the definition of what constitutes a 'job' or 'work' into account in evaluating issues in retirement. There is a difference between employment and work. Many persons in our society are 'unemployed' in the generally accepted sense of the word, e.g., homemakers, students, etc., but they are not 'out of work'.

Finally, one of the most critical assumptions alluded to above is that older persons are 'forced' into retirement like older persons are 'forced' into senior citizen's housing/institutions. Despite the data indicating most people retire when they choose to or due to heath problems, the myth of being forced by mandatory retirement provisions to retire continues. The literature suggests that much more study should be done on pre-retirement health and counseling programs and the effect these programs have on increasing the rate of 'voluntary retirement' because it is health, not retirement laws or regulations, that influence 'forced' leaving of employment.

One assumption of recent research is that retirement is a male issue, and even if women are 'forced' to retire, it is not as important an issue for them because work (outside the home) is not a source of self-esteem or identity for them and their income not that critical. This is clearly not the case. Although women do base their identity and self-esteem on many roles, e.g., homemaker, mother, wife, they also

increasingly identify themselves with their work and are more economically dependent as older women on their jobs than are men.

In the end, the debate concerning mandatory retirement may be irrelevant, as pointed out by Novak.[34] The Bill of Rights "will outlaw discrimination on the basis of age as well as sex and race," but the social pressure to retire at 65 or earlier will be as strong as ever. Assumptions concerning the abilities and capacities of older workers are constantly being challenged in the literature.

One of the most important factors influencing retirement—both the decisions to retire and the quality of life after retirement—is money. Next to health, financial security is considered most important to older persons approaching or experiencing retirement. The decision to retire early and the desire or ability to continue working on a part- or full-time basis are all directly related to health and economic factors.

Finally, the literature is replete with studies in such areas as retirement alternatives (e.g., flexible retirement programs, part-time work, etc.), second careers, the relationship between work patterns and retirement, and the various theories of retirement.

THE ECONOMIC STATUS OF THE ELDERLY

A recurring theme in the literature on aging is that there are many contradictory and conflicting assessments of the social and economic conditions of older persons. This is also true in the literature on the economic status of the elderly. Although there is a general consensus that older persons are better off than they were 30 or 40 years ago, there is considerable disagreement as to how this is measured. In the same vein, there is disagreement on their future economic status and the degree to which the growing population of older persons will be an 'economic burden' on society. The evaluation of the present economic status of older persons and forecasting future economic conditions are the two themes running throughout the literature on the financial or economic problems of aging.

THE PRESENT ECONOMIC SITUATION OF OLDER PERSONS

Only a few studies suggest the economic situation of older persons is not improving and, overall, conditions are worse.[87,102,216] While the situation is especially bad for older single women and minority groups,[217,273,274] most of the literature indicates there has been a general improvement in the economic situation of older persons. In fact, some of the studies claim the economic status of the elderly has improved more significantly than any other low income group in society. A good example of this is a recent book called *Fighting Poverty*, by Danziger and Weinberg, which claims the economic situation of the elderly in the United States has improved "dramatically" since the middle 1950's and will continue to do so, perhaps at the

cc st of other cohorts.[275] This study suggests the decline in poverty for men and women over 65 is the direct result of "increased transfers—mainly expansion and indexation for inflation of social security payments and the introduction of medicare." The transfers alone have reduced the poverty rate by 51%, and the two insurance programs have eliminated nearly 90% of poverty among elderly families.

Danziger and Weinberg's study does not differentiate for sex and marital status, but their data do show that, overall, conditions for women are only slightly less improved than for men. Although the study indicates that single mothers are the "poorest," the authors do not cite any data for single older women, which is unfortunate since all other data indicate they are one of the poorest groups in society.

That more older persons can now live financially and physically independent of their children, it is argued, is another indication of their improved economic status.[12,103,106,275] As noted in the section on housing, only the poorest older persons, almost all widows, have to live with their children or in senior citizens' housing. Danziger and Weinberg noted, "The shift to living independently was largely completed in the mid-sixties."[275] Fischer, among many other gerontologists, pinpointed the beginning of social security as the beginning of financial independence, translated as true independence, for older persons.[106] The Brody Study presented data verifying seniors' financial independence from children: in 1930, 50% of older persons were financially dependent on their children as compared to only 1.5% in 1979—a very dramatic difference.[103] She supported the general consensus that social security and medicare made this possible, but also noted that increases in private pensions and savings made a considerable difference.

Brody proposed that the 'myth' that older persons are still financially dependent on their children, or that adult children are taking care of the financial as well as social, emotional and physical needs for their parents, is used as a rationale for shrinking formal support services and cutting public funding.[103]

The popular media and government reports also suggest that older persons are so well off it is not necessary to be concerned any longer about their financially related difficulties. As well, Danziger and Weinberg presented statistics showing the poverty rate of the elderly to be lower (14%) than that of the non-elderly (15%) and implied they should no longer be a main source of concern. They implied that the 'feminization of poverty' may affect older single women but do not discuss the situation of older single women.[275]

Streib contended that few studies or little information provided by the media note that 'the rich are disproportionately aged'. He argued this is important because an

'age-consciousness rather than class-consciousness' might help the economic plight of the elderly poor, that is, the elderly who have more might feel morally obligated to help other elderly who have less.[276]

FACTORS RELATED TO IMPROVED ECONOMIC STATUS

Several studies use other factors to indicate that the 'elderly are better off than we think',[241] citing mostly homeownership.[209] It is pointed out over and over again that 70% of older persons live in homes that are mortgage-free, and the equity in their home could easily be translated into additional income. Reverse mortgage schemes are increasingly popular suggestions for solving the financial problems of aging.[2,30,32,56,182,277,278] It appears that such 'schemes' will be central to government income-maintenance policies in the future.

Several problems must be overcome before reverse mortgage policies can have a positive impact on the incomes of the elderly. First, the ideological bias against them must be realized and solved by those advocating this policy. Older persons often distrust banks and don't want any debts. If reverse mortgage schemes are handled by banks or if older persons perceive them as a debt, their use will be limited. The tradition of leaving one's home as a legacy may be perceived as threatened by this policy. Most importantly, far fewer women than men can potentially benefit from reverse mortgages since only 40-50% of women own their homes, compared to 72% of men. As noted many times, women live an average of seven years longer than men, and non-married women, who are the most likely to need extra income, are the most unlikely to be homeowners.

The increased number of persons receiving pensions is another factor related to the improved economic status of the elderly. As noted earlier, a main factor influencing the decision to retire is the perceived quality of pension income.[1,2,34,44,279,280] All data cited in the preceding studies clearly indicate that adequate pensions are directly related to early retirement, if it is a choice and not a decision forced by poor health or company policy.

Martin suggested that pension changes would encourage older persons to retire earlier (assuming most want to) and adversely affect the economic situation in society as a whole—"individuals will retire earlier thereby exacerbating the burden on society."[1] Martin claimed that all we know about the retirement decision is that "greater wealth leads to early retirement." He suggested that it is critically important to research what he predicts will be a new trend of early retirement.

Tindale and Marshall, among other researchers and policy analysts, suggested there would be 'generational conflict' created in the future between older and younger workers.[3] Leroy Stone suggested that a policy of "modestly increasing the labour force participation rates of the aged would alleviate much of the projected financial

burden, as the 'baby boom' ages."[3] He envisaged that a "substantial proportion of today's young workers will 'raise an irresistible clamour' to be allowed to continue as paid members of the labour force beyond some arbitrary age." Thus, although data portray today's older persons as generally in favour of early retirement, the older 'baby boomers' may wish to remain working. In a culture where money equals status, particularly for the 'yuppies', this may have some validity. Unfortunately, little analysis has been done on the role of ideology in research or on the future of the economic status of the elderly.

Many other factors are used to explain the improved financial status of the elderly—subsidized housing, tax breaks and incentives, free or low-cost special services designed for older persons, reduced fees for transportation, in restaurants and in stores, and many other programs available to older persons in many provinces and states.

THE ECONOMIC STATUS OF OLDER SINGLE WOMEN

Despite all of this information on the improved status of the elderly, older single women are still one of the poorest groups in society.[1,6,12,18,44,160,217] While there has been an improvement in the economic status of these women—mostly due to increases in old age security and public pensions—most studies indicate that more than half are at or below the poverty line. A 1984 Canadian government report by the National Council of Welfare noted that the gap between combined annual payments from Old Age Security/Guaranteed Income Supplement and the poverty level, as defined by Statistics Canada, is $2,608. As of 1986, this gap continued at about the same rate. Halifax ranked third among ten major Canadian cities in the size of this discrepancy. In 1984 there were more older single women below the poverty line (337,000) than above (223,000).[281]

For these older single women who are homeowners, the financial burden may be even greater. They may have potential income from their home through such programs as mortgage reversal or by renting or sharing their homes, but many may not qualify for the various home maintenance programs unless they receive the Guaranteed Income Supplement or the Spouse's Allowance, the main criteria used for most home maintenance/assistance programs. Studies should be done to find out how many women 'fall between the cracks', i.e., make too much money to qualify for the Guaranteed Income Supplement or Spouse's Allowance, but not enough to bear the financial burden of home ownership. In addition, many who have incomes slightly above the Guaranteed Income Supplement or Spouse's Allowance levels may not qualify for subsidized housing repairs or the rent subsidies available to tenants in the private sector.

Although many women, particularly widows, may be in an economically disadvantaged position today, most studies forecast this will change as more women

move into the workforce. Research indicates that women comprise 40% of the older workforce today.[273] Significant differences are said to exist between male and female workers of all ages, but older women are particularly disadvantaged. Significant differences exist in equality of occupational distribution, in distribution of earnings, employment, poverty levels, and retirement income. Many studies describe the discrimination against the older woman worker. Although this review does not discuss 'the displaced homemaker' or 'the woman entering the work force after 45', all studies suggest it is still a constant struggle for them and for the older male worker to find and retain a decent-paying job.

As the gap in equality between men and women narrows (encouraged by law), and more women move both into the labour force itself and into positions with adequate pension plans, the present inequitable situation is expected to improve. Many writers in the field of aging contend that only by improving the employment status and pension situation of women can their economic status improve.[1,7,8,29,34,44,265,273] Unless and until it does, to be old and female is to ensure being poor in Canada.[282]

THE ECONOMIC STATUS OF THE FUTURE ELDERLY

As this literature review indicates, many assumptions about the future status of the elderly are based on interpretations of demographic data. Over and over again, the literature refers to the coming 'crisis of aging', the dominant theme being the impact the 'baby boom' will have on society as it ages. Opinion is clearly divided on whether this trend will lead to a 'dependency ratio' problem. Havens argued that demographic data cannot be used to accurately predict dependency ratios or their impact on economic or social life in the future.[1] Other articles criticize translating predicted dependency ratios into an 'aging crisis/economic crisis of aging' in the future.[1-3,34,42,44]

Segalawitz predicted a crisis due to the dependency ration in the year 2031, when the baby boomers reach old age.[283] He suggested the 'economic burden' of supporting older persons would continue to rise until it reached crisis proportions in 2013, when there would be more persons over 65 than under 19. He assumed the economic burden of younger persons is being shouldered by the family, while those over 65 will have to depend on public funds. He predicted funding for social services and health care would be hard to come by, and the "family may not be able to step into the breach." He suggested, however, that better education and more income might mean older people in the future would be more financially independent and, therefore, the problem suggested by increasing dependency ratios might not develop into a crisis.

MITIGATING FACTORS AFFECTING FUTURE PREDICTIONS

Many factors could mitigate against the dependency ratio causing 'a singular danger', as is often predicted.[1] Johnston and Packer suggested that "The economic dependency ratio will continue to drop," which will enhance the nation's sense of well-being in the 1990's; however, a 'false sense of security' may result in postponing the development and implementation of programs to deal with the large numbers of older persons in the 2030's, thus creating a dependency problem.[42]

In an oft-cited study on interpreting and predicting dependency ratios by Denton and Spencer, in *Aging in Canada*, the issue is summarized in this way:

> In general, the youth dependency ratio declines between 1976 and 2011 and then remains roughly constant thereafter. The elderly dependency ratio, however, rises sharply, more than doubling between 1976 and 2031, with most of the increase taking place after the year 2001. The net result of the fall in the youth ratio and the rise in the elderly one is a somewhat lower overall dependency ratio for the remainder of this century and through the first decade of the next, as compared with 1976 and then a pronounced increase in the following two decades or so. In spite of the increase, by 2031 the overall dependency ratio is no higher than it was in 1976, whichever form of the ratio one looks at. It appears that future increases of the older population of the order indicated in our projections would certainly not impose an unmanageable burden on the economy or on the population of working age."[3]

Myles agreed with this statement: "In sum, the total dependency ratio will actually go down for the next thirty years and then rise again, but only to current levels. It is the changing composition of the dependency population, not its size, which is the issue for the future."[1]

It is also necessary to state again that factors such as fertility rates, changes in the workplace, advances in technology, ideological changes, and changes in the health, educational and financial status of future older persons can all affect predictions concerning the future economic and social 'burden' of an aging population.

Myles summed up the dangers in making predictions based on our current understanding of the social and economic situation of the elderly. He states,

> It would be presumptuous of us to think that chronological age will mean the same thing in the next century as it does in this one. The period defined as old age and the social relations which it entails for those so defined, has changed continuously throughout history. We should, therefore, be wary of extrapolating implications for the future on the basis of what old age means today.[1]

To summarize, it can be argued that many assumptions about the impact of an aging population on today's and tomorrow's society have been made without the support of reliable data and the 'gloom and doom' outlook of much of the literature should be taken 'with a grain of salt'. This review has presented research that suggests a more positive perspective on demography and economics. First, having a significant proportion of the population over 65 has not adversely affected such countries as Sweden, Germany and Austria: in fact, these 'older' societies have prospered. Second, in the immediate future a "more experienced, stable, reliable and generally healthy workforce should improve productivity."[42] Third, as the population ages, the savings rate may rise.

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- Programs for Seniors (4th Edition) – 1986
- Aging and the Aged in Nova Scotia (A list of Writings from 1979 to 1985)
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- "To Be or Not To Be" – a Nova Scotia Seminar on the Need for a Gerontology Center – May 28-29, 1986
- Report on Home Care Consultations – 1986
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- Proceedings of Partnerships in Aging: Bringing Nova Scotia Seniors Together – a Provincial Meeting of Veterans and Seniors – August 11-13, 1987
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